

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

BRANDON JACKSON

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, BRANDON JACKSON, is an adult resident of 16718 LORANCE HEIGHTS, LITTLE ROCK AR 72206.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$1,352.86

- | | | |
|----|---------------------------------------|-------------------|
| 2. | Attorney Fees in the amount of: | \$0.00 |
| 3. | Court Costs in the amount of: | \$185.00 |
| | TOTAL: | \$1,537.86 |
| 4. | Additional Court Costs as they accrue | |
| 5. | Post judgment interest. | |

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281551

Page 1 of 2

2524000279



Customer Name Brandon O Jackson
Account # [REDACTED] 6913

Questions? – Visit us at www.jared.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)
 P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,370.13
Payments	\$25.00–
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$7.73
New Balance	\$1,352.86
Statement closing date	05/10/2016
Days in billing cycle	30

Payment Information

New Balance	\$1,352.86
Balance Payable To Avoid Further Interest Charges	\$1,352.86
Minimum Payment	\$40.00
Past Due	\$720.00
Total Due	\$760.00
Payment Due Date	06/05/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$35.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	4 YEARS	\$1,818.18
\$48.23	3 YEARS	\$1,704.88 Savings = \$113.30

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Trans Date	Post Date	Description	Amount
04/13/2016	04/14/2016	Payment – Thank You	\$25.00–
Interest Charged			
Trans Date	Post Date	Description	Amount
05/10/2016	05/11/2016	Interest Charges TOTAL INTEREST FOR THIS PERIOD	\$7.73 \$7.73



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx6913
New Balance	\$1,352.86
Due Date	06/05/2016
Total Due	\$760.00
Amount Enclosed	\$

[REDACTED] 69130007600000040001352866

Please make your check payable to JARED GALLERIA OF JEWELRY
 Payment mailing address is for remittance only

000279

JARED®
 The Galleria Of Jewelry
jared.com

JARED GALLERIA OF JEWELRY
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

#BWNCKTF
 # 1301652810619132 #
 Brandon O Jackson
 16718 Lorance Hights
 Little Rock AR 72206-6935

JARED THE GALLERIA OF JEWELRY #2524

Park Avenue
310 South University Ave
Little Rock, AR 72205

Date: 12/13/2014

Time: 13:30:54

Sales Slip ID: 19372

Cardholder: JACKSON, BR
Account No: 6913
Purchase Price: \$1220.76
Down Payment: \$50.00
Credit Plan: REG

Payment Protection Plan Rate: \$1.350 per \$100.

YOU MAY EXCHANGE OR RETURN YOUR PURCHASE WITHIN 30 DAYS. WATCHES MUST BE UNWORN AND UNALTERED WITH ORIGINAL PACKAGING, INSTRUCTION AND WARRANTY DOCUMENTS. CUSTOM DESIGNED JEWELRY AND SPECIAL ORDERED WATCHES CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED THROUGH THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$1170.76

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my JARED GALLERIA OF JEWELRY Retail Installment Charge Agreement, the terms of which are incorporated by reference.

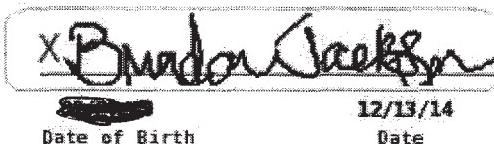


PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance

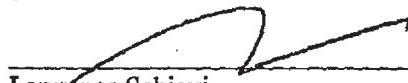


STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff") He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant BRANDON JACKSON's JARED account identified by the account number [REDACTED]6913.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,352.86, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51737077
00281551

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

BRANDON JACKSON

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

BRANDON JACKSON

16718 LORANCE HEIGHTS, , LITTLE ROCK AR 72206

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281551

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

_____ Notary Public

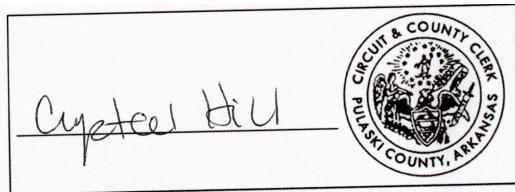
My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V BRANDON JACKSON
Case Number: 60CV-19-552
Type: SUMMONS - FILER PREPARED

So Ordered



Crystal Hill

IN THE CIRCUIT COURT OF PULASKI COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: **60CV-19-552**

Hearing Date:

vs.
BRANDON JACKSON

Defendant/Respondent

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **BRANDON JACKSON**

- I personally delivered the **Summons; Complaint** to the individual at _____ [place] on _____ [date]; or
- I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or
- I left the **Summons; Complaint** with **Brittany Jackson**, a member of the defendant's family at least 18 years of age, at **13600 OTTER CREEK PKWY APT 109, LITTLE ROCK, Pulaski County, AR 72210**, a place where the defendant resides, on **23rd day of March, 2019**; or
- I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.
- Other [specify]: _____
- I was unable to execute service at _____ [place]: _____

My fee is \$: **\$ 65.00**

REF: **00281551**

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE

Tracking #: **0034887276**



To be completed if service is by a sheriff or deputy sheriff:

Date: _____ SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

[Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 23 day of March, 2019.

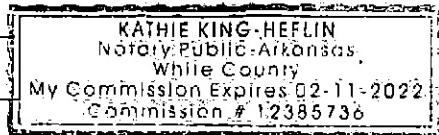
Jamie Heflin, Reg. # 11CPS-2010-01, Circuit Courts of the First Judicial Circuit of Arkansas

Subscribed and Sworn to before me this 23 day of March, 2019.

Kathie C King-Heflin
NOTARY PUBLIC in and for the State of Arkansas

Residing at: Searcy AR

My commission expires 02-11-2022



Additional information regarding service or attempted service:

Brittany Jackson, SPOUSE, CO-RESIDENT, who accepted service, with identity confirmed by subject stating their name, a black female approx. 25-35 years of age, 5'4"-5'6" tall, weighing 160-180 lbs with blonde hair.



IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

BRIAN EDMONSON

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, BRIAN EDMONSON, is an adult resident of 26414 HWY 10, NORTH LITTLE ROCK AR 72135.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

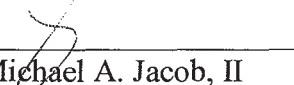
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$4,133.20

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$185.00
- TOTAL:** **\$4,318.20**
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281547

Page 1 of 2

1873000683



Customer Name Brian S Edmonson
Account # ~~000000~~0355

Questions? – Visit us at www.kay.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$4,086.53
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$46.67
New Balance	\$4,133.20
Statement closing date	04/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$4,133.20
Balance Payable To Avoid Further Interest Charges	\$4,133.20
Minimum Payment	\$135.00
Past Due	\$945.00
Total Due	\$1,080.00
Payment Due Date	05/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$35.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	3 YEARS	\$5,158.63
\$143.26	3 YEARS	\$5,077.36 Savings = \$81.27

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
04/18/2016	04/19/2016	Interest Charges	\$46.67
		TOTAL INTEREST FOR THIS PERIOD	\$46.67

2016 Totals Year To-Date	
Total fees charged in 2016	\$0.00
Total interest charged in 2016	\$186.68

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT



Account #	xxxxxx0355
New Balance	\$4,133.20
Due Date	05/13/2016
Total Due	\$1,080.00
Amount Enclosed	\$

[REDACTED] 03550010800000135004133200

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000683



KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

#BWNCKTF
1301649316093556 #
Brian S Edmonson
12045 Paul Eells Dr Apt 204
North Little Rock AR 72113-7386

KAY JEWELERS #1873

MCCAIN MALL

3929 MCCAIN BLVD, SUITE E05B
N LITTLE ROCK, AR 721160000

Date: 07/29/2015

Time: 16:33:54

Sales Slip ID: 39616

Cardholder: EDMONSON, BR
Account No: XXXXX0355
Purchase Price: \$4198.93
Down Payment: \$400.00
Credit Plan: BR36

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$3798.93

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.



SReygadas001003

KAY KAY
JEWELERS
OUTLET
Kaylor.com

16

X

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.*

Applicant Information:

First Name: Brian	M.I. S	Last Name: Echmonson	Suffix:	1. Are you a U.S. Citizen? Y N	
Home Address:	City: NUE			2. Are you in the military? Y N	
Phone: ()	Other Phone: ()			3. Do you have established credit? Y N	
Statement Mailing Address: (If different than above)			State: AF	Zip Code: 72135 Length of Time: 4mos	
Previous Address: (If at current address less than 1 year)			City: Roland	State: AR Zip Code: 72135 Length of Time: 4mos	
Employer: [REDACTED]			E-Mail Address:	By providing my E-mail address, I consent to receive E-mail communications about my Account.	
Employer Address: [REDACTED]			Position:	Self-Employed? Y N	
Phone: [REDACTED]			City:	State:	Zip Code:
Previous Employer: (If with current employer less than 1 year)			Length of Time:	24mos	
*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:					
Name of Relative Not Living With You: [REDACTED]			State of Residence:	[REDACTED]	
[REDACTED] AR [REDACTED]					

Joint Applicant Information:

First Name: [REDACTED]	M.I. [REDACTED]	Last Name: [REDACTED]	Suffix:	1. Are you a U.S. Citizen? Y N
Home Address: (If different from primary applicant)			City: [REDACTED]	2. Are you in the military? Y N
Phone: ()	Social Security Number: [REDACTED]			3. Do you have established credit? Y N
Employer Name and Address:			Date of Birth:	Zip Code: [REDACTED] Length of Time: [REDACTED]
Phone: ()	Gross Monthly Income:	Length of Time:	Driver's License #: [REDACTED]	
Self-Employed? Y N				

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc., or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680 AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats. or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a pre-recorded message when contacted.

Applicant: X Brian Echmonson Date: 8-16-15 Joint Applicant: X

0300-135-0000 (R: 10/14) 058127

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant BRIAN EDMONSON's KAY JEWELERS account identified by the account number ██████████0355.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$4,133.20, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01FI6379990
Qualified in Erie County
My Commission Expires 08-27-2022

51735061
00281547

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

BRIAN EDMONSON

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

BRIAN EDMONSON

26414 HWY 10, , NORTH LITTLE ROCK AR 72135

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281547

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V BRIAN EDMONDSON
Case Number: 60CV-19-550
Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in black ink that reads "Timothy S. Bryant".



Timothy Bryant

Electronically signed by TLBRYANT on 2019-01-29 13:14:53 page 3 of 3

ELECTRONICALLY FILED
Benton County Circuit Court
Brenda DeShields, Circuit Clerk
2019-Jan-29 15:58:27
04CV-19-203
C19WD01 : 5 Pages

IN THE CIRCUIT COURT OF BENTON COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

BRITTNEY SEAMAN

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, BRITTNEY SEAMAN, is an adult resident of 2106 SE ATHERTON CIR, Bentonville AR 72712.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$1,158.15

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$187.50
- TOTAL:** **\$1,345.65**
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00288623

Page 1 of 2

2215000431



Customer Name Brittney Seaman
Account # 8381

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)
P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,143.97
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$14.18
New Balance	\$1,158.15
Statement closing date	08/24/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,158.15
Balance Payable To Avoid Further Interest Charges	\$1,158.15
Minimum Payment	\$85.00
Past Due	\$595.00
Total Due	\$680.00
Payment Due Date	09/19/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	16 MONTHS	\$1,275.63

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
08/24/2016	08/25/2016	Interest Charges	\$14.18
		TOTAL INTEREST FOR THIS PERIOD	\$14.18
2016 Totals Year To Date			
Total fees charged in 2016		\$90.65	
Total interest charged in 2016		\$97.06	



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx8381
New Balance	\$1,158.15
Due Date	09/19/2016
Total Due	\$680.00
Amount Enclosed	\$

[REDACTED] 83810006800000085001158156

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000431

KAY®
JEWELERS
Every kiss begins with Kay.[®]
kay.com

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

#BWNCKTF
1301785321853814 #
Brittney Seaman
5931 Rees Rd Apt 186
Jonesboro AR 72401-9332



16

Select the Type of Account You Want to Apply for Please use blue ink if it's linked to credit.

INDIVIDUAL ACCOUNT In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account

JOINT ACCOUNT Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below

COSIGNED ACCOUNT Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments

NOTICE **Total Monthly Income includes income from a job including full time, part time or seasonal jobs or from self employment and includes bonuses, tips and commissions. It includes interest or dividends, rental income, retirement income or public assistance as well as profit from self employment. It includes shared income which is money from somebody else that is regularly deposited into your account or a joint account that person shares with you. If you are 21 or older you may also include income from others if you can use that income to pay your bills. *Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

Applicant Information
 First Name: Brittney M I Last Name: Seaman
 Home Address: 5931 Meers Rd Apt #86 City: MI Zip Code: 47401
 Phone: () Name Phone Billed Under: Other Phone: () Length of Time at Address:

Statement of Mailing Address
 (If different than above)

Previous Address
 (If current address less than 3 years)

City State Zip Code Length of Time

Driver's License #

Date:

By providing my E-mail address, I consent to receive E-mail communications about my Account

Employer/*Source of Income

Position:

**Total Monthly Income

Employer Address

City:

State Zip Code

Phone: Dept/Ext:

Length of Time at Employer:

Self Employed Y N

(If Yes please provide the name of your company in the Employer/Source of Income field above)

Previous Employer

(If current employer less than 1 year)

Previous Length of Time

Nearest Relative Not Living With You

State of Residence:

Phone:

Joint Application Information

First Name:

M I

Last Name:

Suffix:

1 Are you a U.S. Citizen? Y N

2 Are you in the military? Y N

3 Do you have established credit? Y N

Home Address
 (If different from primary applicant)

City:

State:

Zip Code:

Length of Time

Phone: ()

Social Security Number:

Date of Birth:

Driver's License #:

Employer/*Source of Income

Self Employed? Y N

(If Yes please provide the name of your company in the Employer/Source of income field)

Phone: ()

Length of Time at Employer:

**Total Monthly Income

Name of Spouse
 Brittney Seaman

Address of Spouse

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan, and 2) the use of any automatic telephone calling system and/or a prerecorded message when contacted.

Date: 11/17

Joint Applicant X

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant BRITTNEY SEAMAN's KAY JEWELERS account identified by the account number [REDACTED] 8381.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,158.15, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.



Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022



Alexandria Fisher
NOTARY PUBLIC

51837095
00288623

IN THE CIRCUIT COURT OF BENTON COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

BRITTNEY SEAMAN

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

BRITTNEY SEAMAN

2106 SE ATHERTON CIR., Bentonville AR 72712

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

BENTON COUNTY CIRCUIT COURT
BENTONVILLE, AR 72712

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00288623

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

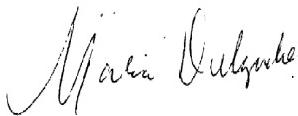
My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V SEAMAN
Case Number: 04CV-19-203
Type: SUMMONS - FILER PREPARED

So Ordered

The signature of Maria E Delgado is written in cursive ink above the official seal of the Circuit Court of Benton County, Arkansas. The seal is circular with a decorative border and the text "SEAL OF THE CIRCUIT COURT" at the top and "BENTON COUNTY, ARKANSAS" at the bottom.

Maria E Delgado, Benton County
Deputy Clerk

Electronically signed by MEDELGADO on 2019-01-29 16:15:02 page 3 of 3

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC PLAINTIFF

V. CAUSE NO. _____

CASSANDRA MCGEE DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, CASSANDRA MCGEE, is an adult resident of 1209 TOWERING OAKS DR, JACKSONVILLE AR 72076.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

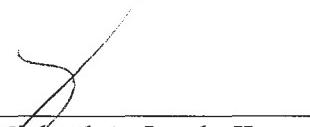
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$3,334.69

- | | | |
|----|---------------------------------------|-------------------|
| 2. | Attorney Fees in the amount of: | \$0.00 |
| 3. | Court Costs in the amount of: | \$185.00 |
| | TOTAL: | \$3,519.69 |
| 4. | Additional Court Costs as they accrue | |
| 5. | Post judgment interest. | |

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281586

Page 1 of 2

2524000526



Customer Name Cassandra McGee
Account # **[REDACTED]7571**

Questions? - Visit us at www.jared.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)
 P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$3,292.88
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$41.81
New Balance	\$3,334.69
Statement closing date	08/10/2016
Days in billing cycle	31

Payment Information

New Balance	\$3,334.69
Balance Payable To Avoid Further Interest Charges	\$3,334.69
Minimum Payment	\$155.00
Past Due	\$1,070.00
Total Due	\$1,225.00
Payment Due Date	09/05/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	26 MONTHS	\$3,938.43

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
08/10/2016	08/11/2016	Interest Charges	\$41.81
		TOTAL INTEREST FOR THIS PERIOD	\$41.81
2016 Totals Year To-Date			
Total fees charged in 2016		\$60.00	
Total interest charged in 2016		\$323.36	



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx7571
New Balance	\$3,334.69
Due Date	09/05/2016
Total Due	\$1,225.00
Amount Enclosed	\$ [REDACTED]

Please make your check payable to JARED GALLERIA OF JEWELRY
 Payment mailing address is for remittance only

[REDACTED]75710012250000155003334695

000526

JARED®
 The Galleria Of Jewelry
jared.com

JARED GALLERIA OF JEWELRY
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click here

#BWNCKTF
 # 1301782619715714 #
 Cassandra McGee
 1209 Towering Oaks Dr
 Jacksonville AR 72076

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

JARED
The Galleria Of Jewelry
jared.com

JARED
Vault

JARED LE VIAN
, JARED

21

SSN * * * - * * - 9 8 9 3

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: **Total Monthly Income includes income from a job, including full time, part time, or seasonal jobs or from self employment and includes bonuses, tips and commissions. It includes interest or dividends, rental income, retirement income or public assistance, as well as profit from self employment. It includes shared income, which is money from somebody else that is regularly deposited into your account or a joint account that person shares with you. If you are 21 or older, you may also include income from others if you can use that income to pay your bills. *Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

Applicant Information:					
First Name: cassandra	M.I.	Last Name: mcgee	Suffix:	1. Are you a U.S. Citizen? <input checked="" type="checkbox"/> N 2. Are you in the military? <input type="checkbox"/> Y <input checked="" type="checkbox"/> M 3. Do you have established credit? <input checked="" type="checkbox"/> Y N	
Home Address:		Apt:	City: little rock	State: ar	Zip Code: 72205
		Name Phone Billed Under: C	Other Phone:	Length of Time at Address: 5yr 0mo	
Statement Mailing Address: 123 little rock ar 72205					
Previous Address:		City:	State:	Zip Code:	Length of Time:
By providing my E-mail address, I consent to receive E-mail communications about my Account.					
Employer/Source of Income:		**Total Monthly Income			
		City: portland	State: or	Zip Code: 97205	
Phone:	Dept/Ext.:	Length of Time at Employer: 1yr 0mo			
Self-Employed: <input checked="" type="checkbox"/> (If Yes, please provide the name of your company in the Employer/Source of Income field above)		Previous Employer:			Previous Length of Time:
Nearest Relative Not Living With You:		State of Residence: ar		Phone:	

Joint Applicant Information:					
First Name:	M.I.	Last Name:	Suffix:	1. Are you a U.S. Citizen? <input checked="" type="checkbox"/> Y N 2. Are you in the military? <input checked="" type="checkbox"/> Y N 3. Do you have established credit? <input checked="" type="checkbox"/> Y N	
Home Address: (If different from primary applicant)			City:	State:	Zip Code:
Phone: ()		Social Security Number:		Date of Birth:	Driver's License #:
Employer/*Source of Income:			Self-Employed? <input checked="" type="checkbox"/> Y N (If Yes, please provide the name of your company in the Employer/Source of Income field)		
Phone: ()		Length of Time at Employer:		**Total Monthly Income:	

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO JARED THE GALLERIA OF JEWELRY AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use an open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, you may combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE JARED THE GALLERIA OF JEWELRY RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant: X Cassandra McGe

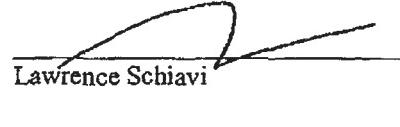
Date: 11/11/2015 Joint Applicant: X

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant CASSANDRA MCGEE's JARED account identified by the account number 7571.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$3,334.69, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 3rd day of October, 2018.


Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022

51792065
00281586

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

CASSANDRA MCGEE

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

CASSANDRA MCGEE

1209 TOWERING OAKS DR., JACKSONVILLE AR 72076

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281586

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

_____ Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V CASSANDRA MCGEE
Case Number: 60CV-19-565
Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in black ink that reads "Timothy S. Bryant".



Timothy Bryant

Electronically signed by TLBRYANT on 2019-01-29 15:39:39 page 3 of 3

IN THE CIRCUIT COURT OF PULASKI COUNTY
STATE OF ARKANSAS**DNF Associates LLC**

Plaintiff/Petitioner

Cause No.: **60CV-19-565**

Hearing Date:

vs.
CASSANDRA MCGEE

Defendant/Respondent

DECLARATION OF SERVICE OF
Summons; Complaint**AFFIDAVIT OF SERVICE**This affidavit is for service on **CASSANDRA MCGEE**

- I personally delivered the **Summons; Complaint** to the individual at _____ [place] on _____ [date]; or
- I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or
- I left the **Summons; Complaint** with Unknown Person who refused to give true name, a member of the defendant's family at least 18 years of age, at **504 PAMELA DR, JACKSONVILLE, Pulaski County, AR 72076-4866**, a place where the defendant resides, on **6th day of March, 2019**; or
- I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.
- Other [specify]: _____
- I was unable to execute service at _____ [place] :

My fee is \$: **\$ 65.00**

To be completed if service is by a sheriff or deputy sheriff:

Date: _____ SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

_____ [Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 6th day of March, 20 19.

Safianne Walker, Reg. # 8/17/17, Circuit Court of the Sixth Judicial District of Arkansas

Subscribed and Sworn to before me this 6th day of March, 20 19.

Laura C. Neale

NOTARY PUBLIC in and for the State of Arkansas

Residing at: Pulaski County

My commission expires 11/25/2025

LAURA C. NEALE
PULASKI COUNTY
NOTARY PUBLIC - ARKANSAS
My Commission Expires November 25, 2025
Commission No. 12696187

Additional information regarding service or attempted service:

John Doe, WHO REFUSED TO GIVE NAME, SPOUSE, CO-RESIDENT, who accepted service, a black-haired black male approx. 35-45 years of age, 5'6"-5'8" tall and weighing 200-240 lbs with glasses, a beard and a mustache.



IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

CHARLES MCCOLLUM

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, CHARLES MCCOLLUM, is an adult resident of 300 STONEWALL DR., JACKSONVILLE AR 72076.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

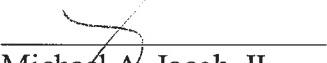
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$6,194.92

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$185.00
TOTAL: \$6,379.92
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281585



Customer Name Charles E McCollum Jr
Account # [REDACTED] 8808

Questions? – Visit us at www.jared.com

**Please send billing inquiries and correspondence to:
(do not send payments to this address)**

P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$6,123.58
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$71.34
New Balance	\$6,194.92
Statement closing date	08/10/2016
Days in billing cycle	31

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
08/10/2016	08/11/2016	Interest Charges	\$71.34
		TOTAL INTEREST FOR THIS PERIOD	\$71.34

2016 Totals Year To-Date	
Total fees charged in 2016	\$639.32
Total interest charged in 2016	\$546.48

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx8808
New Balance	\$6,194.92
Due Date	09/05/2016
Total Due	\$3,110.00
Amount Enclosed	\$

Please make your check payable to JARED GALLERIA OF JEWELRY
Payment mailing address is for remittance only

88080031100000255006194920

000168

JARED GALLERIA OF JEWELRY
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click here

#BWNCKTF
1301588115818088 #
Charles E McCollum Jr
300 Stonewall Dr.
Jacksonville AR 72076

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

Park Avenue
310 South University Ave
Little Rock, AR 72205

Date: 07/17/2014

Time: 14:32:05

Sales Slip ID: 16146

Cardholder: MCCOLLUM, CH
Account No: Xxxxxxx8808
Purchase Price: \$4947.48
Down Payment: \$0.00
Credit Plan: REG

Payment Protection Plan Rate: \$1.350 per \$100.

YOU MAY EXCHANGE OR RETURN YOUR PURCHASE WITHIN 30 DAYS. WATCHES MUST BE UNWORN AND UNALTERED WITH ORIGINAL PACKAGING, INSTRUCTION AND WARRANTY DOCUMENTS. CUSTOM DESIGNED JEWELRY AND SPECIAL ORDERED WATCHES CANNOT BE RETURNED OR EXCHANGED.

Total: \$4947.48

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my JARED GALLERIA OF JEWELRY Retail Installment Charge Agreement, the terms of which are incorporated by reference.



PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance

X	
02	07/17/14
Date of Birth	Date

SReygadas001030

JARED

The Galleria Of Jewelry
jared.com

21

Select the Type of Account you would like to apply for: Please use blue or black ink to complete. **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account. **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below. **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.**NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.*****Applicant Information:**

First Name: Charles	M.I.: E	Last Name: McCollum	Suffix: JR	1. Are you a U.S. Citizen? Y
Home Address: [REDACTED]	Ant: [REDACTED]	City: Sherwood	2. Are you in the military? N	2. Are you have established credit? Y
State: AR	Zip Code: 72120	Other Phone: ()	Length of Time: 5mth	Length of Time: 2 days yrs
Statement of Being Deceived: (If different than above)				
Previous Address: [REDACTED] Date of Birth: [REDACTED]				
Employer: [REDACTED] Mgr. City: NLR State: AR Zip Code: 72113				
Gross Monthly Income: [REDACTED]				
Previous Length of Time: [REDACTED]				
By providing my E-mail address, I consent to receive E-mail communications about my account.				
Self-Employed? ()				
Employer: [REDACTED] Mgr. City: Little Rock State: AR Zip Code: 72212 Length of Time: 1-10				
Gross Monthly Income: [REDACTED]				
Length of Time: [REDACTED]				

Previous Employer:
(If with current employer less than 1 year)

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

Next of Kin Not Living With You: [REDACTED] State of Residence: [REDACTED]

Joint Applicant Information:

First Name: [REDACTED]	M.I.: [REDACTED]	Last Name: [REDACTED]	Suffix: [REDACTED]	1. Are you a U.S. Citizen? Y N
Home Address: [REDACTED] (If different from primary applicant)	City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]	2. Are you in the military? Y N
Phone: ()	Social Security Number: [REDACTED]	Date of Birth: [REDACTED]	Driver's License #:	3. Do you have established credit? Y N
Employer Name and Address: [REDACTED] Self-Employed? Y N				

Phone: [REDACTED] Gross Monthly Income: [REDACTED] Length of Time: [REDACTED] *Other Monthly Income Amount That Could Be Used To Repay Your Obligation: [REDACTED]

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO JARED THE GALLERIA OF JEWELRY AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval, each applicant may be liable for all amounts of credit extended under this Account to any Joint Applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE JARED THE GALLERIA OF JEWELRY RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I (we) 1. to be contacted about my account through any credit information I provide, including cell phone numbers, even if I am deceased under my phone plan; and 2) the use of any automatic telephone calling system and/or a pre-recorded message when called.

Applicant: X

Date: 01/27/14 Joint Applicant: X

0300-26J-0600 (R 10/13) 055480

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant CHARLES MCCOLLUM's JARED account identified by the account number [REDACTED] 8808.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$6,194.92, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.

Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16378990
Qualified In Erie County
My Commission Expires 08-27-2022

51792064
00281585

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

CHARLES MCCOLLUM

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

CHARLES MCCOLLUM

300 STONEWALL DR., JACKSONVILLE AR 72076

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281585

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V CHARLES MCCOLLUM

Case Number: 60CV-19-566

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in black ink that reads "Timothy S. Bryant".



Timothy Bryant

ELECTRONICALLY FILED
Faulkner County Circuit Court
Crystal Taylor, Circuit Clerk
2019-Jan-29 16:53:39
23CV-19-119
C20D01 : 6 Pages

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

CHELSEA LONG

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, CHELSEA LONG, is an adult resident of 5 SOUTH HARRELL RD,
MAYFLOWER AR 72106.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$1,342.00

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$187.50
- TOTAL:** **\$1,529.50**
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00293198

Page 1 of 2



Customer Name Chelsea R Long

Account # [REDACTED] 7639

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,325.48
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$16.52
New Balance	\$1,342.00
Statement closing date	11/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,342.00
Balance Payable To Avoid Further Interest Charges	\$1,342.00
Minimum Payment	\$85.00
Past Due	\$595.00
Total Due	\$680.00
Payment Due Date	12/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	18 MONTHS	\$1,505.55

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
11/18/2016	11/19/2016	Interest Charges	\$16.52
		TOTAL INTEREST FOR THIS PERIOD	\$16.52

2016 Totals Year To-Date

Total fees charged in 2016	\$60.00
Total interest charged in 2016	\$115.64



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx7639
New Balance	\$1,342.00
Due Date	12/13/2016
Total Due	\$680.00
Amount Enclosed	\$

[REDACTED] 76390006800000085001342007

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

100128

KAY®
JEWELERS
Every kiss begins with Kay.
kay.com

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

#BWNCKTF
1311717610796394 #
Chelsea R Long
5 South Harrell Rd
Mayflower AR 72106-9794

MCCAIN MALL
3929 MCCAIN BLVD, SUITE E05B
N LITTLE ROCK, AR 721160000

Date: 03/29/2016

Time: 14:14:13

Sales Slip ID: 46914

Cardholder: LONG, CH
Account No: X10000X7639
Purchase Price: \$1166.36
Down Payment: \$0.00
Credit Plan: REG

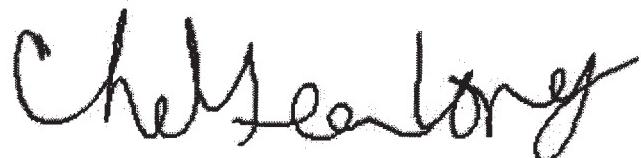
YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$1166.36

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.





16

Select the Type of Account you would like to apply for. Please use blue or black ink to complete

INDIVIDUAL ACCOUNT In one name and based solely on your own credit worthiness. Applicant if married may apply for an individual account

JOINT ACCOUNT Is based on credit worthiness of both applicant and joint applicant Both may use the account and will be liable and responsible for payments Both must sign below

COSIGNED ACCOUNT Cosigner and applicant must each complete separate applications Only applicant will be permitted to use the account, but both will be liable and responsible for payments

NOTICE **Total Monthly Income Includes income from a job including full time, part time or seasonal jobs or from self employment and includes bonuses, tips and commissions. It includes interest or dividends, rental income, retirement income or public assistance as well as profit from self employment. It includes shared income which is money from somebody else that is regularly deposited into your account or a joint account that person shares with you. If you are 21 or older you may also include income from others if you can use that income to pay your bills. *Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

Applicant Information

First Name Oneil M.I. R Last Name Long

Name Phone Billed Under Shannon Long

Statement Mailing Address
(if different than above)

Previous Address 759 Hwy 36 S
(if current address less than 3 years)

Driver's License #

Employer Address

Phone

Dept/Ext

(If Yes, please provide the name of your company in the Employer/Source of Income field above)

Nearest Retailer/Mall Where You

Suffix Apt City mayflower State AK Zip Code 72100
Length of Time at Address 2 years

Other Phone ()

City mayflower State AK Zip Code 72100 Length of Time 2 years
E Mail Address Position
By providing my E-mail address, I consent to receive E-mail communications about my Account

City

State

Zip Code

Length of Time at Employer 2

Previous Length of Time

Previous Employer
(If with current employer less than 1 year)

State of Residence

Suffix City State Zip Code Length of Time

1 Are you a U.S. Citizen? Y N

2 Are you in the military? Y N

3 Do you have established credit? Y N

Driver's License #

Joint Applicant Information:

First Name M M.I. I Last Name

Home Address
(if different from primary applicant)

Phone ()

Employer/*Source of Income

Phone ()

Social Security Number

Length of Time at Employer

Date of Birth

Self Employed? Y N

(If Yes, please provide the name of your company in the Employer/Source of Income field)

**Total Monthly Income

The information furnished on this application is complete and accurate to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES. California Residents: After credit approval each applicant shall have the right to use an open end credit plan to the extent of any limit we set and will be liable for all accounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual account, you may combine your and your spouse's financial information above. Marital Agreement Notice: No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse

Address of Spouse

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan, and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant X

Chelsie Long

Date 3/29/19 Joint Applicant X

(R 12/15) 150991

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

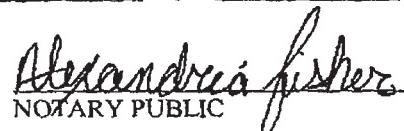
The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant CHELSEA LONG's KAY JEWELERS account identified by the account number [REDACTED] 7639.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,342.00, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.



Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.



Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022

51897877
00293198

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

CHELSEA LONG

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

CHELSEA LONG

5 SOUTH HARRELL RD., MAYFLOWER AR 72106

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

FAULKNER COUNTY CIRCUIT COURT
CONWAY, AR 72034

[Signature of Clerk or Deputy Clerk]

[SEAL]

Date: _____

00293198

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V CHELSEA LONG
Case Number: 23CV-19-119
Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in blue ink that appears to read "J. Wiggs".



J.WIGGS

Electronically signed by JLWIGGS on 2019-01-30 08:51:13 page 3 of 3

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

CHRIS FORSHEE

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, CHRIS FORSHEE, is an adult resident of 4002 HWY 64 W, CONWAY AR 72034.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$2,333.47

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$187.50
- TOTAL:** **\$2,520.97**
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281589

Page 1 of 2

1874000555



Customer Name **Chris W Forshee**
Account # **[REDACTED] 0737**

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity	
Previous Balance	\$2,304.48
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$28.99
New Balance	\$2,333.47
Statement closing date	07/18/2016
Days in billing cycle	30

Payment Information

New Balance	\$2,333.47
Balance Payable To Avoid Further Interest Charges	\$2,333.47
Minimum Payment	\$125.00
Past Due	\$875.00
Total Due	\$1,000.00
Payment Due Date	08/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	22 MONTHS	\$2,684.90

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
07/18/2016	07/19/2016	Interest Charges	\$28.99
TOTAL INTEREST FOR THIS PERIOD			
2016 Totals Year To-Date			
Total fees charged in 2016			
\$85.00			
Total interest charged in 2016			
\$201.68			



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx0737
New Balance	\$2,333.47
Due Date	08/13/2016
Total Due	\$1,000.00
Amount Enclosed	\$

[REDACTED] 07370010000000125002333474

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000555

KAY
JEWELERS
Every kiss begins with Kay.[®]
kay.com

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click [here](#)

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

#BWNCKTF
1301773313097376 #
Chris W Forshee
PO Box 2653
Conway AR 72033-2653

KAY JEWELERS #1874

PARK PLAZA MALL

6000 W. Markham St. Space 3116
LITTLE ROCK, AR 722050000

Date: 12/04/2015

Time: 20:58:50

Sales Slip ID: 54207

Cardholder: FORSHEE, CH
Account No: X0000X0737
Purchase Price: \$2746.79
Down Payment: \$700.00
Credit Plan: REC

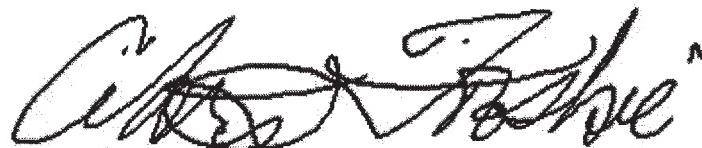
YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$2046.79

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.



STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

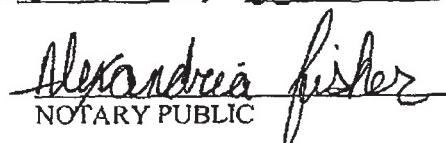
1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant CHRIS FORSHEE's KAY JEWELERS account identified by the account number [REDACTED] 0737.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$2,333.47, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.



Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified in Erie County
My Commission Expires 08-27-2022



Alexandria Fisher
NOTARY PUBLIC

51794610
00281589

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

CHRIS FORSHEE

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

CHRIS FORSHEE

4002 HWY 64 W., CONWAY AR 72034

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

FAULKNER COUNTY CIRCUIT COURT
CONWAY, AR 72034

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281589

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES, LLC V CHRIS FORSHEE

Case Number: 23CV-19-113

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in blue ink that appears to read "J. Wiggs".



J.WIGGS

Electronically signed by JLWIGGS on 2019-01-29 15:01:46 page 3 of 3

IN THE CIRCUIT COURT OF BOONE COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

COLLEEN WILSON

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, COLLEEN WILSON, is an adult resident of 3808 LAYTON DRIVE, HARRISON AR 72601.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$2,158.27

- | | | |
|----|---------------------------------------|-------------------|
| 2. | Attorney Fees in the amount of: | \$0.00 |
| 3. | Court Costs in the amount of: | \$187.50 |
| | TOTAL: | \$2,345.77 |
| 4. | Additional Court Costs as they accrue | |
| 5. | Post judgment interest. | |

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281594

Page 1 of 2

2524100147



Customer Name: Colleen M Wilson
Account #: [REDACTED] 9039

Questions? – Visit us at www.jared.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)
 P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$2,582.26
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$33.99
New Balance	\$2,616.25
Statement closing date	08/10/2016
Days in billing cycle	31

Payment Information

New Balance	\$2,616.25
Balance Payable To Avoid Further Interest Charges	\$2,616.25
Minimum Payment	\$150.00
Past Due	\$905.00
Total Due	\$1,055.00
Payment Due Date	09/05/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	20 MONTHS	\$2,977.53

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
08/10/2016	08/11/2016	Interest Charges	\$33.99
		TOTAL INTEREST FOR THIS PERIOD	\$33.99
2016 Totals Year To Date			
Total fees charged in 2016		\$95.00	
Total interest charged in 2016		\$271.44	

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT



Account #	xxxxxx9039
New Balance	\$2,616.25
Due Date	09/05/2016
Total Due	\$1,055.00
Amount Enclosed	\$

[REDACTED] 0390010550000150002616258

Please make your check payable to JARED GALLERIA OF JEWELRY
 Payment mailing address is for remittance only

100147

JARED®
The Galleria Of Jewelry
jared.com

JARED GALLERIA OF JEWELRY
 P.O.Box 740425
 Cincinnati OH 45274-0425

[To review important notices, click here](#)

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

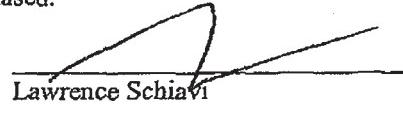
#BWNCKTF
 # 1600083919910396 #
 Colleen M Wilson
 3808 Layton Drive
 Harrison AR 72601

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant COLLEEN WILSON's JARED account identified by the account number [REDACTED] 9039.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$2,158.27, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022

51797153
00281594

IN THE CIRCUIT COURT OF BOONE COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

COLLEEN WILSON

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

COLLEEN WILSON

3808 LAYTON DRIVE, HARRISON AR 72601

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

BOONE COUNTY CIRCUIT COURT
HARRISON, AR 72601

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281594

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES V COLLEEN WILSON
Case Number: 05CV-19-21
Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature of Susan Stills.



Susan Stills, Boone County Deputy
Clerk

Electronically signed by SCSTILLS on 2019-01-29 15:04:06 page 3 of 3

1 ELECTRONICALLY FILED
Boone County Circuit Court
Judy Kay Harris, Circuit Clerk
2019-Mar-05 17:07:29
05CV-19-21
C14D01 : 2 Pages

IN THE CIRCUIT COURT OF BOONE COUNTY
STATE OF ARKANSAS

DNF Associates LLC

vs.
COLLEEN WILSON

Plaintiff/Petitioner	Cause No.: 05CV-19-21
Defendant/Respondent	Hearing Date: DECLARATION OF SERVICE OF Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **COLLEEN WILSON**

- I personally delivered the **Summons; Complaint** to **COLLEEN WILSON** at **3808 LAYTON DRIVE, HARRISON, Boone County, AR 72601** on **28th day of February, 2019**; or
- I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or
- I left the **Summons; Complaint** with _____ [name], a member of the defendant's family at least 18 years of age, at _____ [address], a place where the defendant resides, on _____ [date]; or
- I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.
- Other [specify]: _____
- I was unable to execute service at _____ [place] :

My fee is \$: **\$ 65.00**

REF: **00281594**

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE



Tracking #: **0033896817**



To be completed if service is by a sheriff or deputy sheriff:

Date: _____ SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

_____ [Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 1st day of MARCH, 2019

Rhonda Gail Henderson

Rhonda Gail Henderson, Reg. # Unknown, Marion, Baxter, Boone and Marion

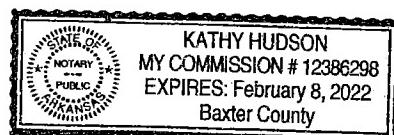
Subscribed and Sworn to before me this 1st day of March, 2019.

Kathy Hudson

NOTARY PUBLIC in and for the State of Arkansas

Residing at: 210 W. 7th St. Mtn Home AR 72653

My commission expires 2-8-2022



Additional information regarding service or attempted service:

COLLEEN WILSON, Who accepted service, with identity confirmed by subject saying yes when named, a black-haired white female approx. 18-25 years of age, 5'8"-5'10" tall and weighing 180-200 lbs.



ELECTRONICALLY FILED
Faulkner County Circuit Court
Crystal Taylor, Circuit Clerk
2019-Jan-29 16:03:35
23CV-19-116
C20D01 : 6 Pages

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

DEWAYNE CARMACK

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, DEWAYNE CARMACK, is an adult resident of 33 CANEY CREEK RD #B, CONWAY AR 72032.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

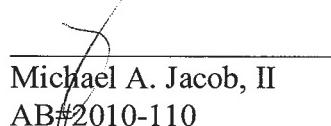
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$1,290.97

- | | | |
|----|---------------------------------------|-------------------|
| 2. | Attorney Fees in the amount of: | \$0.00 |
| 3. | Court Costs in the amount of: | \$187.50 |
| | TOTAL: | \$1,478.47 |
| 4. | Additional Court Costs as they accrue | |
| 5. | Post judgment interest. | |

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00288629

Page 1 of 2

2328000065



Customer Name Dewayne Carmack

Account # [REDACTED] 69301

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,275.16
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$15.81
New Balance	\$1,290.97
Statement closing date	08/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,290.97
Balance Payable To Avoid Further Interest Charges	\$1,290.97
Minimum Payment	\$95.00
Past Due	\$645.00
Total Due	\$740.00
Payment Due Date	09/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	15 MONTHS	\$1,421.52

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
08/18/2016	08/19/2016	Interest Charges	\$15.81
		TOTAL INTEREST FOR THIS PERIOD	\$15.81

2016 Totals Year To-Date

Total fees charged in 2016	\$164.93
Total interest charged in 2016	\$126.18



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx9301
New Balance	\$1,290.97
Due Date	09/13/2016
Total Due	\$740.00
Amount Enclosed	\$

[REDACTED] 93010007400000095001290976

000065



KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click [here](#)

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

#BNCKTF
1301288216993019 #
Dewayne Carmack
PO Box 1804
Glenwood AR 71943-1804

KAY JEWELERS #2328

HOT SPRINGS MALL

4501 CENTRAL AVE. SUITE 155

HOT SPRINGS, AR 719130000

Date: 12/06/2014

Time: 14:19:42

Sales Slip ID: 67068

Cardholder: CARMACK, DE

Account No: XXXXXX9301

Purchase Price: \$985.49

Down Payment: \$0.00

Credit Plan: REC

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS PROVIDED THEY ARE IN ORIGINAL CONDITION (UNWORN AND UNALTERED) AND ACCOMPANIED BY THE ORIGINAL PACKAGING, INSTRUCTIONS AND WARRANTY DOCUMENTS. CUSTOM DESIGNED MERCHANDISE, CLASS RINGS, SPECIAL ORDERED WATCHES AND ITEMS ENGRAVED WITH PERSONALIZED INFORMATION CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED THROUGH THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$985.49

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.



KAY
JEWELERS
Key has bags with KAY
key.com

Select the type of account you would like to open and check. Please initial all applicable commitments.

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and non-applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

CO-SIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

Applicant Information:

First Name: <i>Dawnie</i>	M.I.: <i>J</i>	Last Name: <i>Smyk</i>	Suffix:	1. Are you a U.S. Citizen? Y N
Home Address: <i>97 Baker Rd</i>	Apt:	City: <i>Glenwood</i>	State: <i>OH</i>	2. Are you in the military? Y N
Phone: <i>319-828-8629</i>	Name Phone Billed Under:	Other Phone: ()	Zip Code: <i>45129</i>	3. Do you have established credit? Y N

Statement Mailing Address:
(if different than above)
PO Box 1804

Previous Address: (if at current address less than 5 years)	City:	State:	Zip Code:	Length of Time:
Employer:	E-Mail Address:	By signing below, I consent to consumer reporting agencies to furnish information contained in this application to my employer.		
Employer Address:	Position:	Self-Employed? Y N		
Phone Ext.:	Gross Monthly Income:	Length of Time: <i>4 yrs</i>		

Previous Employer:
(if with current employer less than 1 year)

Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

Least Relative Net Income With You:	State of Residence: <i>OH</i>
-------------------------------------	-------------------------------

Joint Applicant Information:		By signing below, I consent to consumer reporting agencies to furnish information contained in this application to my joint applicant.		
First Name:	M.I.:	Last Name:	Suffix:	1. Are you a U.S. Citizen? Y N 2. Are you in the military? Y N 3. Do you have established credit? Y N
Home Address: (if different from primary applicant)	City:	State:	Zip Code:	Length of Time:
Phone:	Social Security Number:	Date of Birth:	Driver's License #:	
Employer Name and Address:			Self-Employed? Y N	

Phone: *)* Gross Monthly Income: Length of Time: Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account or any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO K JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval, each applicant is liable for all amounts of credit extended under this Account to any Joint Applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE ON AND MADE A PART OF THIS APPLICATION, AND I HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my plan; and 2) the use of any automatic telephone calling system and/or a pre-recorded message when contacted.

Applicant: *Deevey Corral*

Date: *9-14-11*

Joint Applicant: X

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant DEWAYNE CARMACK's KAY JEWELERS account identified by the account [REDACTED] 9301.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hercof August 28, 2018 is in the sum of \$1,290.97, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.

Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51840269
00288629

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

DEWAYNE CARMACK

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

DEWAYNE CARMACK

33 CANEY CREEK RD #B, CONWAY AR 72032

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

FAULKNER COUNTY CIRCUIT COURT
CONWAY, AR 72034

[Signature of Clerk or Deputy Clerk]

[SEAL]

Date: _____

00288629

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V DEWAYNE CARMACK
Case Number: 23CV-19-116
Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in blue ink that appears to read "J. Wiggs".



J.WIGGS

Electronically signed by JLWIGGS on 2019-01-29 16:18:32 page 3 of 3

ELECTRONICALLY FILED
Benton County Circuit Court
Brenda DeShields, Circuit Clerk
2019-Jan-29 16:17:57
04CV-19-205
C19WD04 : 4 Pages

IN THE CIRCUIT COURT OF BENTON COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

EDUARDO ALBARRAN

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, EDUARDO ALBARRAN, is an adult resident of 2302 W PERSIMMON ST #21, ROGERS AR 72756.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

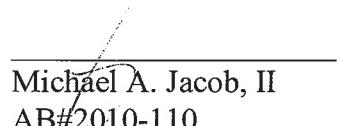
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$3,246.09

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$187.50
- TOTAL:** **\$3,433.59**
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00293179

Page 1 of 2



Customer Name Eduardo Albarran
Account # 5607

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)
P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$3,205.97
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$40.12
New Balance	\$3,246.09
Statement closing date	11/24/2016
Days in billing cycle	31

Payment Information

New Balance	\$3,246.09
Balance Payable To Avoid Further Interest Charges	\$3,246.09
Minimum Payment	\$140.00
Past Due	\$870.00
Total Due	\$1,010.00
Payment Due Date	12/19/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	28 MONTHS	\$3,895.17

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount				
11/24/2016	11/25/2016	Interest Charges	\$40.12				
		TOTAL INTEREST FOR THIS PERIOD	\$40.12				
2016 Totals Year To-Date							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Total fees charged in 2016</td> <td style="padding: 2px; text-align: right;">\$297.06</td> </tr> <tr> <td style="padding: 2px;">Total interest charged in 2016</td> <td style="padding: 2px; text-align: right;">\$328.60</td> </tr> </table>				Total fees charged in 2016	\$297.06	Total interest charged in 2016	\$328.60
Total fees charged in 2016	\$297.06						
Total interest charged in 2016	\$328.60						



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx5607
New Balance	\$3,246.09
Due Date	12/19/2016
Total Due	\$1,010.00
Amount Enclosed	\$

56070010100000140003246098

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000080

KAY®
JEWELERS
Every kiss begins with Kay.[®]
kay.com

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

#BWNCKTF
1311515820556073 #
Eduardo Albarran
2302 W Persimmon St #21
Rogers AR 72756-3283

SReygadas001070

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant EDUARDO ALBARRAN's KAY JEWELERS account identified by the account number [REDACTED] 5607.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$3,246.09, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.

Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified in Erie County
My Commission Expires 08-27-2022

51904084
00293179

IN THE CIRCUIT COURT OF BENTON COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

EDUARDO ALBARRAN

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

EDUARDO ALBARRAN

2302 W PERSIMMON ST #21, , ROGERS AR 72756

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

BENTON COUNTY CIRCUIT COURT
BENTONVILLE, AR 72712

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00293179

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V ALBARRAN
Case Number: 04CV-19-205
Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in black ink that reads "Blythe Reid".



Blythe L Reid, Benton County Deputy Clerk

Electronically signed by BLREID on 2019-01-30 08:18:02 page 3 of 3

IN THE CIRCUIT COURT OF BENTON COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: 04CV-19-205

Hearing Date:

vs.

EDUARDO ALBARRAN

Defendant/Respondent

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **EDUARDO ALBARRAN**

- I personally delivered the **Summons; Complaint** to **EDUARDO ALBARRAN** at **1506 W MIMOSA ST, ROGERS, Benton County, AR 72758** on **22nd day of February, 2019**; or
- I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or
- I left the **Summons; Complaint** with _____ [name], a member of the defendant's family at least 18 years of age, at _____ [address], a place where the defendant resides, on _____ [date]; or
- I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.
- Other [specify]: _____
- I was unable to execute service at _____ [place]: _____

My fee is \$: \$ 65.00

REF: 00293179

SReygadas001075

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE



Tracking #: 0033595828



To be completed if service is by a sheriff or deputy sheriff:

Date: _____

SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

[Printed name, title, and badge number]

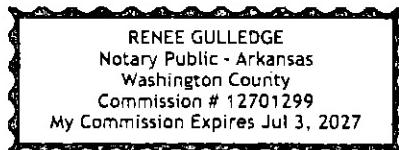
To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 26 day of February, 2019.

Steven Bowen, Reg. # 7216, Circuit Court of Washington County

Subscribed and Sworn to before me this 26 day of February, 2019.

Renee Gulleedge
NOTARY PUBLIC in and for the State of Arkansas
Residing at: Washington County
My commission expires 07-03-2027



Additional information regarding service or attempted service:

EDUARDO ALBARRAN, Who accepted service, with identity confirmed by subject saying yes when named, an Hispanic male approx. 35-45 years of age, 5'8"-5'10" tall, weighing 200-240 lbs with brown hair with an accent.



IN THE CIRCUIT COURT OF BENTON COUNTY, ARKANSAS

DNF ASSOCIATES, LLC

PLAINTIFF

vs.

CASE NO. CV-2019-0205-4

EDUARDO ALBARRAN

DEFENDANT

NOTICE OF HEARING FOR DEFAULT TESTIMONY

Please take notice that the above captioned matter has been scheduled for hearing by the Court for default testimony by Plaintiff on **May 20th, 2019, at 9:00 a.m.** before the Honorable John R. Scott in Room 208 of the Benton County Courthouse, Bentonville, Arkansas.

If the necessary documents and/or pleadings are submitted, approved, and filed prior to the date of this scheduled hearing, your appearance and that of your client may not be necessary.

ALSO, please advise the Court upon receipt of this notice if an interpreter is needed for this hearing. This Court requires a Court certified interpreter be present if needed.

This Document Electronically Signed By:
JOHN R. SCOTT
CIRCUIT JUDGE
March 25, 2019

cc: Michael A. Jacob, II
Attorney at Law
mjacob@jacoblawgroup.com

This document has been filed electronically. A filed copy of this document can be obtained at <http://caseinfo.aoc.arkansas.gov/>



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V ALBARRAN

Case Number: 04CV-19-205

Type: SCHEDULING ORDER

So Ordered

A handwritten signature of Judge John R. Scott.



JUDGE JOHN SCOTT

Electronically signed by JRSCOTT on 2019-03-25 18:12:28 page 2 of 2

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

ELMIRE WILLIAMS

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, ELMIRE WILLIAMS, is an adult resident of 4004 EMERSON DR, NORTH LITTLE ROCK AR 72118.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$4,585.78

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$185.00
- TOTAL:** **\$4,770.78**
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.



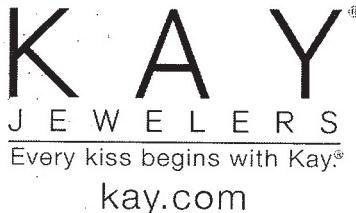
Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281575

Page 1 of 2

1873000103



Customer Name Elmire Williams
Account # [REDACTED] 0546

Questions? – Visit us at www.kay.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)

P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$4,545.79
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$39.99
New Balance	\$4,585.78
Statement closing date	06/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$4,585.78
Balance Payable To Avoid Further Interest Charges	\$4,585.78
Minimum Payment	\$205.00
Past Due	\$1,700.00
Total Due	\$1,905.00
Payment Due Date	07/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	27 MONTHS	\$5,460.07

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
06/18/2016	06/19/2016	Interest Charges	\$39.99
		TOTAL INTEREST FOR THIS PERIOD	\$39.99

2016 Totals Year To-Date

Total fees charged in 2016	\$438.16
Total interest charged in 2016	\$233.78



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx0546
New Balance	\$4,585.78
Due Date	07/13/2016
Total Due	\$1,905.00
Amount Enclosed	\$ [REDACTED]

[REDACTED] 05460019050000205004585781

000103

KAY®
JEWELERS
Every kiss begins with Kay.[®]
kay.com

KAY JEWELERS
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click [here](#)

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

#BWNCKTF
 # 1301360412095467 #
 Elmire Williams
 4004 Emerson Dr
 North Little Rock AR 72118-4622

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit.

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant ELMIRE WILLIAMS's KAY JEWELERS account identified by the account number 0546.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$4,585.78, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022


Alexandria Fisher
NOTARY PUBLIC

51751068
00281575

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

ELMIRE WILLIAMS

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

ELMIRE WILLIAMS

4004 EMERSON DR., NORTH LITTLE ROCK AR 72118

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281575

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V ELMIRE WILLIAMS
Case Number: 60CV-19-564
Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in black ink that reads "Timothy S. Bryant".



Timothy Bryant

Electronically signed by TLBRYANT on 2019-01-29 15:34:19 page 3 of 3

IN THE CIRCUIT COURT OF PULASKI COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: **60CV-19-564**

Hearing Date:

vs.

ELMIRE WILLIAMS

Defendant/Respondent

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **ELMIRE WILLIAMS**

- I personally delivered the **Summons; Complaint** to **ELMIRE WILLIAMS** at **4004 EMERSON DR, NORTH LITTLE ROCK, Pulaski County, AR 72118** on **25th day of February, 2019**; or
- I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or
- I left the **Summons; Complaint** with _____ [name], a member of the defendant's family at least 18 years of age, at _____ [address], a place where the defendant resides, on _____ [date]; or
- I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.
- Other [specify]: _____
- I was unable to execute service at _____ [place]: _____

My fee is \$: **\$ 65.00**

REF: **00281575**

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE



Tracking #: **0033720807**



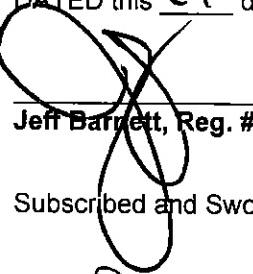
To be completed if service is by a sheriff or deputy sheriff:

Date: _____ SHERIFF OF _____ COUNTY, ARKANSAS
By: _____
[Signature of server]

[Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 27 day of Feb, 2019.


Jeff Barnett, Reg. # no file number, 6th Judicial District (Pulaski)

Subscribed and Sworn to before me this 27 day of Feb, 2019.


Diane Langrell

NOTARY PUBLIC in and for the State of Arkansas

Residing at: _____

My commission expires _____

Diane Langrell
Pulaski
NOTARY PUBLIC ~ ARKANSAS
My Commission Expires March 5, 2028
Commission No. 12703520

Additional information regarding service or attempted service:

ELMIRE WILLIAMS, Who accepted service, with identity confirmed by subject saying yes when named, a black male approx. 35-45 years of age, 5'6"-5'8" tall weighing 120-140 lbs with a beard.



FILED

JAN 29 2019

10:45 AM

LESLIE MASON
CIRCUIT CLERK

IN THE CIRCUIT COURT OF MISSISSIPPI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. 47BCV-19-17 (RL)

ETHAN BRYANT

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, ETHAN BRYANT, is an adult resident of 2139 EDWARDS ST, BLYTHEVILLE AR 72315.

II.

Plaintiff, holds in due course a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

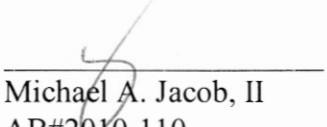
IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1.	Principle and Accrued Interest:	\$1,346.36
2.	Attorney Fees in the amount of:	\$0.00
3.	Court Costs in the amount of:	\$167.50
	TOTAL:	\$1,513.86
4.	Additional Court Costs as they accrue	
5.	Post judgment interest.	

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00293203

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

CO-SIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

First Name: Ethan	M.I.: 	Last Name: Bryant	Suffix: 	1. Are you a U.S. Citizen? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
Home Address: 2139 Edwards		Apt: 	City: Blytheville	2. Are you in the military? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
			State: Ark	3. Do you have established credit? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
			Zip Code: 72315	Length of Time: 2 yrs
Name Phone Billed Under: [REDACTED]				

Statement Mailing Address:
(If different than above)

Previous Address:
(If at current address less than 3 years)

Driver's License #: **[REDACTED]** Date of: **[REDACTED]** E-Mail Address: **[REDACTED]** By providing my E-mail address, I consent to receive E-mail communications about my Ac

Employer: **[REDACTED]** Position: **[REDACTED]** Self-Employed? Y N

Employer Address: **[REDACTED]** City: **[REDACTED]** State: **AR** Zip Code: **[REDACTED]**

Phone: **[REDACTED]** Dept/Ext.: **[REDACTED]** Gross Monthly Income: **[REDACTED]** Length of Time: **2 months**

Previous Employer:
(If with current employer less than 1 year)

Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

Dearest Relative Not Living With You: [REDACTED]	State of Residence: Arkansas		Phone: [REDACTED]
---	-------------------------------------	--	--------------------------

Joint Applicant Information:

First Name: [REDACTED]	M.I.: [REDACTED]	Last Name: [REDACTED]	Suffix: [REDACTED]	1. Are you a U.S. Citizen? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N
-------------------------------	-------------------------	------------------------------	---------------------------	---

Home Address: [REDACTED]		City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]	Length of Time: [REDACTED]
---------------------------------	--	-------------------------	--------------------------	-----------------------------	-----------------------------------

Phone: [REDACTED]	Social Security Number: [REDACTED]		Date of Birth: [REDACTED]	Driver's License #: [REDACTED]	
--------------------------	---	--	----------------------------------	---------------------------------------	--

Employer Name and Address: [REDACTED]			Self-Employed? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
--	--	--	---	--	--

Phone: [REDACTED]	Gross Monthly Income: [REDACTED]	Length of Time: [REDACTED]	*Other Monthly Income Amount That Could Be Used To Repay Your Obligation: [REDACTED]		
--------------------------	---	-----------------------------------	---	--	--

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account or any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval, each applicant may be liable for all amounts of credit extended under this Account to any Joint Applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE CHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information on above Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my plan; and 2) the use of any automatic telephone dialing system and/or a pre-recorded message when contacted.

Applicant X Ethan Bryant	Date: 1-5-11	Joint Applicant: X
---------------------------------	---------------------	--------------------

Page 1 of 2

2215000050



Customer Name Ethan Bryant
Account # 3084

Questions? – Visit us at www.kay.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)
 P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,479.61
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$16.75
New Balance	\$1,496.36
Statement closing date	11/24/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,496.36
Balance Payable To Avoid Further Interest Charges	\$1,496.36
Minimum Payment	\$90.00
Past Due	\$540.00
Total Due	\$630.00
Payment Due Date	12/19/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	19 MONTHS	\$1,690.89

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
11/24/2016	11/25/2016	Interest Charges	\$16.75
TOTAL INTEREST FOR THIS PERIOD			
2016 Totals Year To-Date			
Total fees charged in 2016		\$329.89	
Total interest charged in 2016		\$169.83	



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx3084
New Balance	\$1,496.36
Due Date	12/19/2016
Total Due	\$630.00
Amount Enclosed	\$

30840006300000090001496361

Please make your check payable to KAY JEWELERS
 Payment mailing address is for remittance only

000050

KAY
 JEWELERS
 Every kiss begins with Kay.[®]
kay.com

KAY JEWELERS
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

#BNCKTF
 # 1311211724350843 #
 Ethan Bryant
 2124 Edwards St
 Blytheville AR 72315-3818

KAY JEWELERS #2215

THE MALL AT TURTLE CREEK
3000 . HIGHLAND DR. STE#119
JONESBORO, AR 724010000

Date: 02/18/2015

Time: 16:39:04

Sales Slip ID: 91822

Cardholder: BRYANT, ET
Account No: XXXXXXX3084
Purchase Price: \$1230.73
Down Payment: \$50.00
Credit Plan: REG

THE MERCHANDISE YOU PURCHASED IS BEING EXCHANGED OUTSIDE OF THE ORIGINAL RETURN POLICY. THEREFORE, THE NEW MERCHANDISE IS NOT RETURNABLE.

Total: \$1180.73

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.



STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

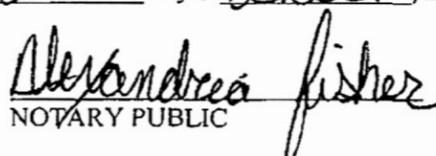
The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant ETHAN BRYANT's KAY JEWELERS account identified by the account number ██████████ 3084.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,346.36, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.



Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.



Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022

51895098
00293203

IN THE CIRCUIT COURT OF MISSISSIPPI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

v.

CAUSE NO. 47BCV-19-17 (RL)

ETHAN BRYANT

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

ETHAN BRYANT

2139 EDWARDS ST., BLYTHEVILLE AR 72315

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

MISSISSIPPI COUNTY CIRCUIT COURT
BLYTHEVILLE, AR 72316

Leslie Mason, Circuit Clerk

Leslie Moore
[Signature of Clerk or Deputy Clerk]

[SEAL]



Date: 1-29-2019 10:45 AM

00293203

FILED

MAR 12 2019
O 00 A
LESLIE MASON
CIRCUIT CLERK

IN THE CIRCUIT COURT OF MISSISSIPPI COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: 478CV-19-17 (RG)

vs.
ETHAN BRYANT

Defendant/Respondent

Hearing Date:

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **ETHAN BRYANT**

- I personally delivered the **Summons; Complaint** to the individual at _____ [place] on _____ [date]; or
- I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or
- I left the **Summons; Complaint** with Unknown Person who refused to give true name, a member of the defendant's family at least 18 years of age, at **2139 EDWARDS ST, BLYTHEVILLE, Mississippi County, AR 72315**, a place where the defendant resides, on **26th day of February, 2019**; or
- I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.
- Other [specify]: _____
- I was unable to execute service at _____ [place]: _____

My fee is \$: \$ 65.00

REF: 00293203

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE

Tracking #: 0033774336



To be completed if service is by a sheriff or deputy sheriff:

Date: _____

SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

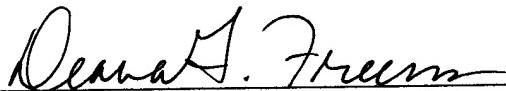
[Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 28 day of February, 2019


Mauri Lee Cole, Reg. # 2014R-02637, Craighead County

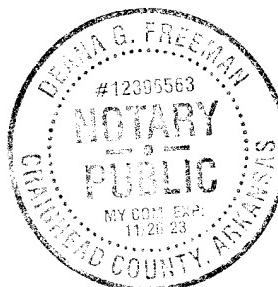
Subscribed and Sworn to before me this 28 day of February, 2019.



NOTARY PUBLIC in and for the State of Arkansas

Residing at: _____

My commission expires 11-26-23



Additional information regarding service or attempted service:

John Doe, SIBLING, CO-RESIDENT, who accepted service, a white male approx. 25-35 years of age, 5'6"-5'8" tall, weighing 120-140 lbs with black hair.



IN THE CIRCUIT COURT OF WASHINGTON COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

FORREST PARKER

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, FORREST PARKER, is an adult resident of 583 N COUNTRY FARM RD.,
FAYETTEVILLE AR 72704.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$2,121.04

- 2. Attorney Fees in the amount of: \$.00
- 3. Court Costs in the amount of: \$ 167.50
- TOTAL: \$2,288.54**
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00288635

Page 1 of 2

1875000382



Customer Name **Forrest Parker**
 Account # **9023**

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)
 P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity	
Previous Balance	\$2,093.30
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$27.74
New Balance	\$2,121.04
Statement closing date	09/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$2,121.04
Balance Payable To Avoid Further Interest Charges	\$2,121.04
Minimum Payment	\$130.00
Past Due	\$840.00
Total Due	\$970.00
Payment Due Date	10/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	19 MONTHS	\$2,390.44

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged			
Trans Date	Post Date	Description	Amount
09/18/2016	09/19/2016	Interest Charges	\$27.74
		TOTAL INTEREST FOR THIS PERIOD	\$27.74
2016 Totals Year To-Date			
Total fees charged in 2016		\$238.72	
Total interest charged in 2016		\$253.77	



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx9023
New Balance	\$2,121.04
Due Date	10/13/2016
Total Due	\$970.00
Amount Enclosed	\$

[REDACTED] 90230009700000130002121049

000382



KAY JEWELERS
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click [here](#)

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

#BWNCKTF
 # 1301790312990237 #
 Forrest Parker
 547 N Country Farm Rd
 Fayetteville AR 72704-0385

KAY JEWELERS #1875

NORTHWEST ARKANSAS MALL
4201 NORTH SHILOH DR SPACE 110
FAYETTEVILLE, AR 727030000

Date: 08/15/2015

Time: 19:06:04

Sales Slip ID: 84432

Cardholder: PARKER, FO
Account No: XXXXXX9023
Purchase Price: \$2200.90
Down Payment: \$110.00
Credit Plan: REG

Payment Protection Plan Rate: \$1.110 per \$100

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$2090.90

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.

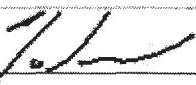


PAYMENT PROTECTION PLAN

By electing optional Payment ProtectionPlan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my stateas described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance

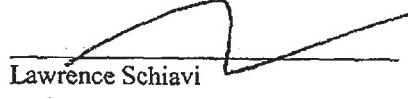
X	
68/15/15	Date
Date of Birth	

STATE OF NEW YORK
COUNTY OF ERIE

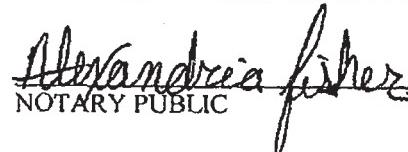
AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant FORREST PARKER's KAY JEWELERS account identified by the account number █9023.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$2,121.04, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01F16378990
Qualified in Erie County
My Commission Expires 08-27-2022

51852015
00288635

IN THE CIRCUIT COURT OF WASHINGTON COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

v.

CAUSE NO. _____

FORREST PARKER

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

FORREST PARKER

583 N COUNTRY FARM RD., , FAYETTEVILLE AR 72704

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

WASHINGTON COUNTY CIRCUIT COURT
FAYETTEVILLE, AR 72701

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00288635

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V PARKER

Case Number: 72CV-19-201

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in black ink that reads "Pam Penn".



Pamela Penn, Washington County
Deputy Clerk

Electronically signed by PSPENN on 2019-01-30 08:20:12 page 3 of 3

ELECTRONICALLY FILED
Garland County Circuit Court
Jeannie Pike, Garland Co. Circuit Court Clerk
2019-Jan-29 14:20:58
26CV-19-128
C18ED03 : 6 Pages

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

GE LEE

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, GE LEE, is an adult resident of 634 APPLE RD, BONNERDALE AR 71933.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$2,251.45
2. Attorney Fees in the amount of: \$0.00
3. Court Costs in the amount of: \$187.50

TOTAL: \$2,438.95
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281581

Page 1 of 2

2328000428

**Customer Name** Ge Lee**Account #** [REDACTED] 7210Questions? - Visit us at www.kay.com**Please send billing inquiries and correspondence to:**
(do not send payments to this address)P.O. Box 3680
Akron, OH 44309-3680**Summary of Account Activity**

Previous Balance	\$2,230.52
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$20.93
New Balance	\$2,251.45
Statement closing date	06/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$2,251.45
Balance Payable To Avoid Further Interest Charges	\$2,251.45
Minimum Payment	\$645.00
Past Due	\$2,230.52
Total Due	\$2,251.45
Payment Due Date	07/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	4 MONTHS	\$2,293.14

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
06/18/2016	06/19/2016	Interest Charges	\$20.93
		TOTAL INTEREST FOR THIS PERIOD	\$20.93
2016 Totals Year To Date			
Total fees charged in 2016			\$35.00
Total interest charged in 2016			\$713.41



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx7210
New Balance	\$2,251.45
Due Date	07/13/2016
Total Due	\$2,251.45

[REDACTED] 72100022514500645002251454

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000428

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425[To review important notices, click here](#)Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425#BWNCKTF
1301664419792103 #
Ge Lee
634 Apple Rd
Bonnerdale AR 71933-6818

KAY JEWELERS #2328

HOT SPRINGS MALL

4501 CENTRAL AVE. SUITE 155

HOT SPRINGS, AR 719130000

Date: 01/28/2015

Time: 17:48:51

Sales Slip ID: 69662

Cardholder: LEE, GE

Account No: XXXXXX7210

Purchase Price: \$8968.04

Down Payment: \$0.00

Credit Plan: REG

Payment Protection Plan Rate: \$1.350 per \$100

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS PROVIDED THEY ARE IN ORIGINAL CONDITION (UNWORN AND UNALTERED) AND ACCCOMPANIED BY THE ORIGINAL PACKAGING, INSTRUCTIONS AND WARRANTY DOCUMENTS. CUSTOM DESIGNED MERCHANDISE, CLASS RINGS, SPECIAL ORDERED WATCHES AND ITEMS ENGRAVED WITH PERSONALIZED INFORMATION CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED THROUGH THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$8968.04

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.



PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan Insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance

X	
05/27/83	01/28/15
Date of Birth	Date

SReygasdas001109

KAY JEWELERS
JEWELERS
OUTLET
kayoutlet.com

16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.*

Applicant Information:

First Name: *Lee*M.I.: *G*Last Name: *Lee*Suffix:

1. Are you a U.S. Citizen? Y N

2. Are you in the military? Y N

3. Do you have established credit? Y N

Home Address: *[REDACTED]*Apt: City: *Bonnerdale*State: *AR*Zip Code: *71933*Phone: *[REDACTED]*Length of Time: Statement Mailing Address:
(If different than above)*6397 Apple Rd*Previous Address:
(If at current address less than 3 years)*Bonnerdale AR 71933*Length of Time: Employer: *[REDACTED]*City: *[REDACTED]*State: *[REDACTED]*Zip Code: *[REDACTED]*Length of Time: Phone/Ext.: *[REDACTED]*City: *[REDACTED]*State: *[REDACTED]*Zip Code: *[REDACTED]*Previous Employer:
(If with current employer less than 1 year)Length of Time: *10 yrs.*

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

Name: *[REDACTED]*State of Residence: *AR*

Joint Applicant Information:

First Name: *[REDACTED]*M.I.: *[REDACTED]*Last Name: *[REDACTED]*Suffix:

1. Are you a U.S. Citizen? Y N

2. Are you in the military? Y N

3. Do you have established credit? Y N

Home Address: *[REDACTED]*City: *[REDACTED]*State: *[REDACTED]*Zip Code: *[REDACTED]*Length of Time: *[REDACTED]*Phone: *[REDACTED]*Social Security Number: *[REDACTED]*Date of Birth: *[REDACTED]*Driver's License #: *[REDACTED]*

Employer Name and Address:

Self-Employed? Y N

Phone: *[REDACTED]*Gross Monthly Income: *[REDACTED]*Length of Time: *[REDACTED]**Other Monthly Income Amount That Could Be Used To Repay Your Obligation: *[REDACTED]*

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse: *[REDACTED]*Address of Spouse: *[REDACTED]*

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a pre-recorded message when contacted.

Applicant: *X Lee Lee*Date: *[REDACTED]*

Joint Applicant: X

0300-13S-0000 (R: 10/14) 058127

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant GE LEE's KAY JEWELERS account identified by the account number [REDACTED] 7210.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$2,251.45, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01F16378990
Qualified in Erie County
My Commission Expires 08-27-2022

S1753318
00281581

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

v.

CAUSE NO. _____

GE LEE

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

GE LEE

634 APPLE RD., BONNERDALE AR 71933

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

GARLAND COUNTY CIRCUIT COURT
HOT SPRINGS, AR 71901

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281581

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V GE LEE

Case Number: 26CV-19-128

Type: SUMMONS - FILER PREPARED

So Ordered

Melissia Sowell



MELISSIA SOWELL

Electronically signed by MGSOWELL on 2019-01-29 14:44:05 page 3 of 3

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

GERALD WILLIAMS

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, GERALD WILLIAMS, is an adult resident of 3801 HIGHWAY 161, N LITTLE ROCK AR 72117.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

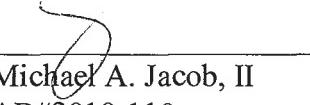
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$3,558.96

- | | | |
|----|---------------------------------------|-------------------|
| 2. | Attorney Fees in the amount of: | \$.00 |
| 3. | Court Costs in the amount of: | \$185.00 |
| | TOTAL: | \$3,743.96 |
| 4. | Additional Court Costs as they accrue | |
| 5. | Post judgment interest. | |

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281580

Page 1 of 2

2419001026



Customer Name Gerald Williams
Account # xxxxxx7608

Questions? – Visit us at www.jared.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$3,514.77
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$44.19
New Balance	\$3,558.96
Statement closing date	07/13/2016
Days in billing cycle	30

Payment Information

New Balance	\$3,558.96
Balance Payable To Avoid Further Interest Charges	\$3,558.96
Minimum Payment	\$25.00
Past Due	\$1,785.00
Total Due	\$2,040.00
Payment Due Date	08/08/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	16 MONTHS	\$3,931.44

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
07/13/2016	07/14/2016	Interest Charges	\$44.19
		TOTAL INTEREST FOR THIS PERIOD	\$44.19

2016 Totals Year To-Date

Total fees charged in 2016	\$70.00
Total interest charged in 2016	\$369.58



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx7608
New Balance	\$3,558.96
Due Date	08/08/2016
Total Due	\$2,040.00
Amount Enclosed	\$

xxxxxxxxxxxxxx76080020400000255003558965

Please make your check payable to JARED GALLERIA OF JEWELRY
Payment mailing address is for remittance only

001026

JARED®
The Galleria Of Jewelry
jared.com

JARED GALLERIA OF JEWELRY
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click here

#BNCKTF
1301679214746088 #
Gerald Williams
3801 Highway 161
N Little Rock AR 72117-3024

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

SReygadas001117

The Galleria Of Jewelry
Akron, OH

21

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.***Applicant Information:**

First Name: Gerald	M.I.: 	Last Name: Williams	Suffix: 	1. Are you a U.S. Citizen? Y N
Home Address: [REDACTED]	Apt: 	City: N. LITTLE ROCK AR	State: 72117	2. Are you in the military? Y N
Phone: [REDACTED]	Other Phone: ()	Length of Time: 10 years	Zip Code: 	3. Do you have established credit? Y N

Street, Suite, Housing Address:
(If different than above)Previous Address:
(If at current address less than 3 years)City: State: Zip Code: Length of Time: Employer: **[REDACTED]**Date: **[REDACTED]**E-Mail Address: **[REDACTED]**

By providing my E-mail address, I consent to receive E-mail communications about my Account.

Employer Address: **[REDACTED]**Position: **[REDACTED]**Self-Employed? Y N **[REDACTED]**Phone: **[REDACTED]**Dept/Off: **[REDACTED]**Gross Monthly Income: **[REDACTED]**Length of Time: **18 years**Previous Employer:
(If with current employer less than 1 year)Previous Length of Time: **[REDACTED]**

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

Nearest Relative Not Living With You: **[REDACTED]**State of Residence: **PA**Phone: **()** **[REDACTED]****Joint Applicant Information:**

First Name: 	M.I.: 	Last Name: 	Suffix: 	1. Are you a U.S. Citizen? Y N
Home Address: [REDACTED]	City: State: Zip Code: 			2. Are you in the military? Y N
Phone: ()	Social Security Number: 			3. Do you have established credit? Y N
Employer Name and Address: [REDACTED]				Length of Time:

Driver's License #: **[REDACTED]**

Self-Employed? Y N

Phone: **()**Gross Monthly Income: **[REDACTED]**Length of Time: **[REDACTED]***Other Monthly Income Amount That Could Be Used To Repay Your Obligation: **[REDACTED]**

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO JARED THE GALLERIA OF JEWELRY AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse: **[REDACTED]**Address of Spouse: **[REDACTED]****BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE JARED THE GALLERIA OF JEWELRY RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.****In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.**Applicant: X **[Signature]**Date: **10/22/18**

Joint Applicant: X

0300-26J-0000 (R: 10/14) 058127

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant GERALD WILLIAMS's JARED account identified by the account number ~~████████~~7608.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$3,558.96, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.



Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.



Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022

51753317
00281580

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

GERALD WILLIAMS

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

GERALD WILLIAMS

3801 HIGHWAY 161, N LITTLE ROCK AR 72117

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

[SEAL]

Date: _____

00281580

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



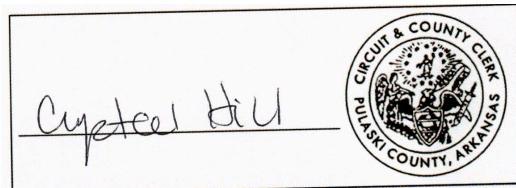
Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V GERALD WILLIAMS

Case Number: 60CV-19-560

Type: SUMMONS - FILER PREPARED

So Ordered



Crystal Hill

ELECTRONICALLY FILED
Pulaski County Circuit Court
Terri Hollingsworth, Circuit/County Clerk
2019-Mar-13 20:37:37
60CV-19-560
C06D12 : 2 Pages

IN THE CIRCUIT COURT OF PULASKI COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: **60CV-19-560**

vs.
GERALD WILLIAMS

Defendant/Respondent

Hearing Date:

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **GERALD WILLIAMS**

- I personally delivered the **Summons; Complaint** to the individual at _____ [place] on _____ [date]; or
- I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or
- I left the **Summons; Complaint** with **Freda Williams**, a member of the defendant's family at least 18 years of age, at **3801 HIGHWAY 161, N LITTLE ROCK, Pulaski County, AR 72117**, a place where the defendant resides, on **5th day of March, 2019**; or
- I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.
- Other [specify]: _____
- I was unable to execute service at _____ [place] :

My fee is \$: **\$ 65.00**

REF: **00281580**

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE



Tracking #: **0034050231**



To be completed if service is by a sheriff or deputy sheriff:

Date: _____

SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

[Printed name, title, and badge number]

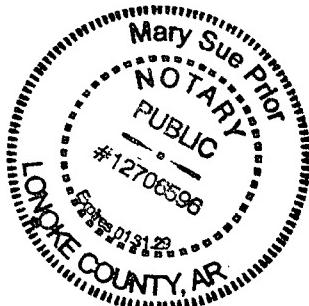
To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 1 day of March, 2019.

Rachael Quinn
Rachael Quinn, Reg. # CV2013-545, Lonoke County

Subscribed and Sworn to before me this 1 day of March, 2019.

Mary Sue Prior
NOTARY PUBLIC in and for the State of Arkansas
Residing at: Lonoke County
My commission expires 131129



Additional information regarding service or attempted service:

Freda Williams, SIBLING, CO-RESIDENT, who accepted service, with identity confirmed by subject saying yes when named, a black-haired black female approx. 45-55 years of age, 5'-5" tall and weighing 80-120 lbs.



IN THE CIRCUIT COURT OF BOONE COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

HADI WINARTO

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, HADI WINARTO, is an adult resident of 1428 HWY 62 65 SUITE B,
HARRISON AR 72601.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

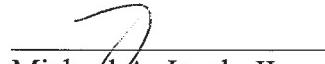
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$4,621.33

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$187.50
- TOTAL:** \$4,808.83
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281579

Page 1 of 2



Customer Name Hadi Winarto
 Account # [REDACTED] 5905

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)
 P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$4,563.47
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$57.86

New Balance	\$4,621.33
Statement closing date	06/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$4,621.33
Balance Payable To Avoid Further Interest Charges	\$4,621.33
Minimum Payment	\$265.00
Past Due	\$1,855.00
Total Due	\$2,120.00
Payment Due Date	07/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	20 MONTHS	\$5,259.49

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
06/18/2016	06/19/2016	Interest Charges	\$57.86
		TOTAL INTEREST FOR THIS PERIOD	\$57.86
2016 Totals Year To-Date			
Total fees charged in 2016			\$35.00
Total interest charged in 2016			\$347.16



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx5905
New Balance	\$4,621.33
Due Date	07/13/2016
Total Due	\$2,120.00
Amount Enclosed	\$ [REDACTED]

[REDACTED] 59050021200000265004621330

Please make your check payable to KAY JEWELERS
 Payment mailing address is for remittance only

000394

KAY®
 JEWELERS
 Every kiss begins with Kay.[®]
 kay.com

KAY JEWELERS
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click here

#BWNCKTF
 # 1301666812599050 #
 Hadi Winarto
 1428 Hwy 62 65
 Suite B
 Harrison AR 72601-1969

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

KAY JEWELERS #1875

NORTHWEST ARKANSAS MALL
4201 NORTH SHILOH DR SPACE 110
FAYETTEVILLE, AR 727030000

Date: 04/14/2015

Time: 17:20:52

Sales Slip ID: 81552

Cardholder: WINARTO, HA
Account No: XXXXXX5905
Purchase Price: \$5234.09
Down Payment: \$0.00
Credit Plan: REG

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED. VISIT WWW.KAY.COM/GEMCARE FOR IMPORTANT INFORMATION ABOUT GEMSTONE TREATMENTS, SPECIAL CARE REQUIREMENTS, MAINTENANCE, STORAGE AND PROTECTION.

Total: \$5234.09

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.



PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan Insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

No, do not enroll me in Payment Protection Plan Credit Insurance



STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

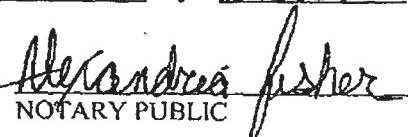
The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant HADI WINARTO's KAY JEWELERS account identified by the account number [REDACTED] 5905.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$4,621.33, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022


Alexandria Fisher
NOTARY PUBLIC

51753316
00281579

IN THE CIRCUIT COURT OF BOONE COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

HADI WINARTO

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

HADI WINARTO

1428 HWY 62 65 SUITE B, HARRISON AR 72601

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

BOONE COUNTY CIRCUIT COURT
HARRISON, AR 72601

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281579

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V HADI WINARTO

Case Number: 05CV-19-18

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature of Susan Stills.



Susan Stills, Boone County Deputy
Clerk

Electronically signed by SCSTILLS on 2019-01-29 14:53:16 page 3 of 3

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

HADI WINARTO

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, HADI WINARTO, is an adult resident of 925 N SHACKLEFORD RD, Little Rock AR 72211.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$5,407.03

2. Attorney Fees in the amount of: \$.00
3. Court Costs in the amount of: \$185.00
- TOTAL:** \$5,592.03
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281559

SReygadas001134

Page 1 of 2



Customer Name Hadi Winarto

Account # 818

Questions? - Visit us at www.jared.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)P.O. Box 3680
Akron, OH 44309-3680**Summary of Account Activity**

Previous Balance	\$5,385.43
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$21.60
New Balance	\$5,407.03
Statement closing date	06/10/2016
Days in billing cycle	31

Payment Information

New Balance	\$5,407.03
Balance Payable To Avoid Further Interest Charges	\$5,407.03
Minimum Payment	\$290.00
Past Due	\$1,858.52
Total Due	\$2,148.52
Payment Due Date	07/05/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$35.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay:	You will pay off the balance shown on this statement in about:	And you will end up paying an estimated total of...
Only the minimum payment	20 MONTHS	\$5,615.97

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
06/10/2016	06/11/2016	Interest Charges	\$21.60
		TOTAL INTEREST FOR THIS PERIOD	\$21.60
2016 Totals Year To-Date			
			Total fees charged in 2016 \$207.21
			Total interest charged in 2016 \$128.74



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx1818
New Balance	\$5,407.03
Due Date	07/05/2016
Total Due	\$2,148.52
Amount Enclosed	\$

Please make your check payable to JARED GALLERIA OF JEWELRY
Payment mailing address is for remittance only

8180021485200290005407036

100006

JARED
The Galleria Of Jewelry
jared.com

JARED GALLERIA OF JEWELRY
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

#BWNCKTF
1301463312118189 #
Hadi Winarto
2002 E Park Ave
Searcy AR 72143

STATE OF NEW YORK
COUNTY OF ERIE

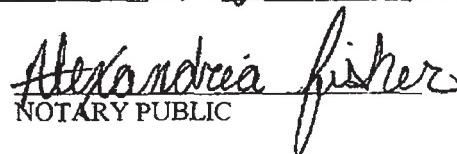
AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant HADI WINARTO's JARED account identified by the account number ~~61428~~ 1818.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$5,407.03, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022

51743470
00281559

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

HADI WINARTO

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

HADI WINARTO

925 N SHACKLEFORD RD., Little Rock AR 72211

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281559

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day of
_____, 2018.

Notary Public

My Commission Expires:



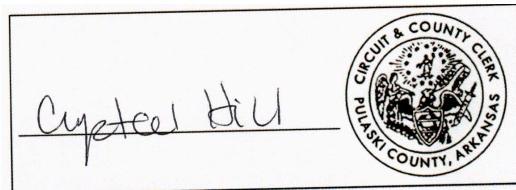
Arkansas Judiciary

Case Title: DNF ASSOCIATES V HADI WINARTO

Case Number: 60CV-19-553

Type: SUMMONS - FILER PREPARED

So Ordered



Crystal Hill

ELECTRONICALLY FILED
Crawford County Circuit Court
Sharon Blount-Baker, Circuit Clerk
2019-Jan-29 16:16:49
17CV-19-82
C21D02 : 4 Pages

IN THE CIRCUIT COURT OF CRAWFORD COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JAMES BREWER

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, JAMES BREWER, is an adult resident of 1208 GREEN ACRES CIR, ALMA AR 72921.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$6,703.67

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$187.50
- TOTAL:** **\$6,891.17**
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00293180

Page 1 of 2

2221000457



Customer Name **James E Brewer**
 Account **xxxxxx4748**

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)
 P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$6,619.00
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$84.67
New Balance	\$6,703.67
Statement closing date	11/24/2016
Days in billing cycle	31

Payment Information

New Balance	\$6,703.67
Balance Payable To Avoid Further Interest Charges	\$6,703.67
Minimum Payment	\$295.00
Past Due	\$2,065.00
Total Due	\$2,360.00
Payment Due Date	12/19/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	28 MONTHS	\$8,008.63

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
11/24/2016	11/25/2016	Interest Charges	\$84.67
		TOTAL INTEREST FOR THIS PERIOD	\$84.67

2016 Totals Year To-Date

Total fees charged in 2016	\$291.97
Total interest charged in 2016	\$739.08



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx4748
New Balance	\$6,703.67
Due Date	12/19/2016
Total Due	\$2,360.00
Amount Enclosed	\$

[REDACTED] 4748002360000295006703671

000457



KAY JEWELERS
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

#BWNCKTF
 # 1311716321457486 #
 James E Brewer
 1208 Green Acres Cir
 Alma AR 72921-7136

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant JAMES BREWER's KAY JEWELERS account identified by the account number [REDACTED] 4748.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$6,703.67, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.

Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51904444
00293180

IN THE CIRCUIT COURT OF CRAWFORD COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JAMES BREWER

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

JAMES BREWER

1208 GREEN ACRES CIR., ALMA AR 72921

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

CRAWFORD COUNTY CIRCUIT COURT
VAN BUREN, AR 72956

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00293180

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day of
_____, 2018.

Notary Public

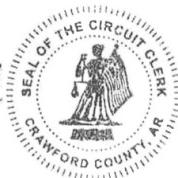
My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V JAMES BREWER
Case Number: 17CV-19-82
Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature "jordan riggs" is placed over the official seal of the Circuit Clerk of Crawford County, Arkansas. The seal is circular with a figure holding scales and a sword, and the text "SEAL OF THE CIRCUIT CLERK" and "CRAWFORD COUNTY, AR".

Jordan Riggs

ELECTRONICALLY FILED
Crawford County Circuit Court
Sharon Blount-Baker, Circuit Clerk
2019-Feb-27 16:02:06
17CV-19-82
C21D02 : 2 Pages

IN THE CIRCUIT COURT OF CRAWFORD COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: 17CV-19-82

Hearing Date:

VS.

JAMES BREWER

Defendant/Respondent

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on JAMES BREWER

- I personally delivered the **Summons; Complaint** to the individual at _____ [place] on _____ [date]; or
- I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or
- I left the **Summons; Complaint** with **Ann Brewer**, a member of the defendant's family at least 18 years of age, at **425 DYER HIGHWAY 64 E, ALMA, Crawford County, AR 72921**, a place where the defendant resides, on **21st day of February, 2019**; or
- I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.
- Other [specify]: _____
- I was unable to execute service at _____ [place] :

My fee is \$: \$ 65.00



To be completed if service is by a sheriff or deputy sheriff:

Date: _____ SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

_____ [Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 25 day of Feb, 2019.

Lara Naomi Aspedon

Lara Naomi Aspedon, Reg.# 17CV-10-322, Crawford County

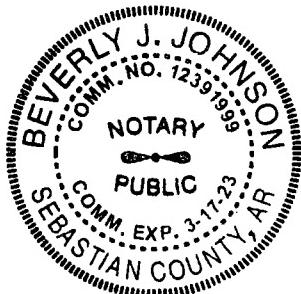
Subscribed and Sworn to before me this 25 day of Feb, 2019.

Beverly J. Johnson

NOTARY PUBLIC in and for the State of Arkansas

Residing at: _____

My commission expires: _____



Additional information regarding service or attempted service:

Ann Brewer, SPOUSE, CO-RESIDENT, who accepted service, with identity confirmed by subject stating their name, a white female approx. 45-55 years of age, 5'-5 1/2" tall, weighing 180-200 lbs with brown hair with glasses.



IN THE CIRCUIT COURT OF BENTON COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JAMES SHEETS

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, JAMES SHEETS, is an adult resident of 3250B TWIN COUNTY ST,
SPRINGDALE AR 72764.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account.
This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$3,347.59

- | | | |
|----|---------------------------------------|-------------------|
| 2. | Attorney Fees in the amount of: | \$.00 |
| 3. | Court Costs in the amount of: | \$187.50 |
| | TOTAL: | \$3,535.09 |
| 4. | Additional Court Costs as they accrue | |
| 5. | Post judgment interest. | |

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00293215

Page 1 of 2

1875000432



Customer Name **James Sheets**
 Account # **3554**

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)
 P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity	
Previous Balance	\$3,305.35
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$42.24
New Balance	\$3,347.59
Statement closing date	11/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$3,347.59
Balance Payable To Avoid Further Interest Charges	\$3,347.59
Minimum Payment	\$165.00
Past Due	\$1,155.00
Total Due	\$1,320.00
Payment Due Date	12/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	24 MONTHS	\$3,908.85

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
11/18/2016	11/19/2016	Interest Charges	\$42.24
		TOTAL INTEREST FOR THIS PERIOD	\$42.24
2016 Totals Year To-Date			
Total fees charged in 2016			\$130.00
Total interest charged in 2016			\$426.50



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx3554
New Balance	\$3,347.59
Due Date	12/13/2016
Total Due	\$1,320.00
Amount Enclosed	\$

35540013200000165003347592

000432

KAY
JEWELERS
Every kiss begins with Kay.[®]
kay.com

KAY JEWELERS
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

#BNWCKTF
 # 1311714917395541 #
 James Sheets
 3232a Twin County St
 Springdale AR 72764-8081

KAY JEWELERS #1875

NORTHWEST ARKANSAS MALL
4201 NORTH SHILOH DR SPACE 110
FAYETTEVILLE, AR 727030000

Date: 12/27/2015

Time: 12:58:29

Sales Slip ID: 88379

Cardholder: SHEETS, JA
Account No:  XXXXXX3554
Purchase Price: \$3286.09
Down Payment: \$0.00
Credit Plan: REC

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$3286.09

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.



PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

No, do not enroll me in Payment Protection Plan Credit Insurance



KAY KAY

16

Select the Type of Account you would like to apply for Please use blue or black ink to complete

INDIVIDUAL ACCOUNT In one name and based solely on your own credit worthiness. Applicant if married may apply for an individual account

JOINT ACCOUNT Is based on credit worthiness of both applicant and joint applicant Both may use the account and will be liable and responsible for payments Both must sign below

CO-SIGNED ACCOUNT Cosigner and applicant must each complete separate applications Only applicant will be permitted to use the account but both will be liable and responsible for payments

NOTICE Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit *

Applicant Information

First Name	M I	Last Name	Suffix	1 Are you a U.S. Citizen? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	
James		Sheets		2 Are you in the military? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Home Address		Apt	City	3 Do you have established credit? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
[REDACTED]			Springdale	State AR Zip Code 727104	
Statement Mailing Address (If different than above)		Other Phone		Length of Time	
Previous Address (If current address less than 3 years)		City	State	Zip Code	Length of Time
[REDACTED]		E-Mail Address	By providing my E-mail address, I consent to receive E-mail communications about my Account		
Employer Address		Position	Self Employed? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N		
Phone	Dept/Ext	City	State	Zip Code	Length of Time
Previous Employer (If with current employer less than 1 year)		[REDACTED]	Previous Length of Time 3 years		
Other Monthly Income Amount That Could Be Used To Repay Your Obligation					
Nearest Relative/Person With You		State of Residence		Phone	
[REDACTED]		[REDACTED]		[REDACTED]	

Joint Applicant Information

First Name	M I	Last Name	Suffix	1 Are you a U.S. Citizen? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Home Address			City	2 Are you in the military? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
(If different from primary applicant)			State	3 Do you have established credit? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Phone		Social Security Number	Date of Birth	Zip Code Length of Time
()				Driver's License #
Employer Name and Address				Self Employed? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Phone	Gross Monthly Income	Length of Time	*Other Monthly Income Amount That Could Be Used To Repay Your Obligation	
()				

The information furnished on this application is complete and accurate to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and take in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680 AKRON OH 44309 3680 STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES. California Residents: After credit approval, the applicant shall have the right to use open end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual or joint credit, combine your and your spouse's financial information about Marital Agreement Notice. No provision of a marital property agreement unilateral statement under Sec. 766.70 Wis. Stats. will adversely affect our rights unless we are furnished a copy of the agreement statement or decree or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse

Address of Spouse

BEFORE SIGNING BELOW I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTANT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to 1) be contacted about my account through any contact information I provide including cell phone numbers, even if I am charged under my phone plan and 2) the use of any auto-dialer/telephone dialing system and/or a pre-recorded message when contacted.

Applicant X

Date 12-21-15 Joint Applicant X

0300 13S 0000 (R 10 14) 058127

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and corresponding

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant JAMES SHEETS's KAY JEWELERS account identified by the account number
[REDACTED] 3554.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$3,347.59, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.

Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC STATE OF NEW YORK
No. 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51903720
00293215

IN THE CIRCUIT COURT OF BENTON COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JAMES SHEETS

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

JAMES SHEETS

3250B TWIN COUNTY ST., SPRINGDALE AR 72764

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

BENTON COUNTY CIRCUIT COURT
BENTONVILLE, AR 72712

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00293215

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

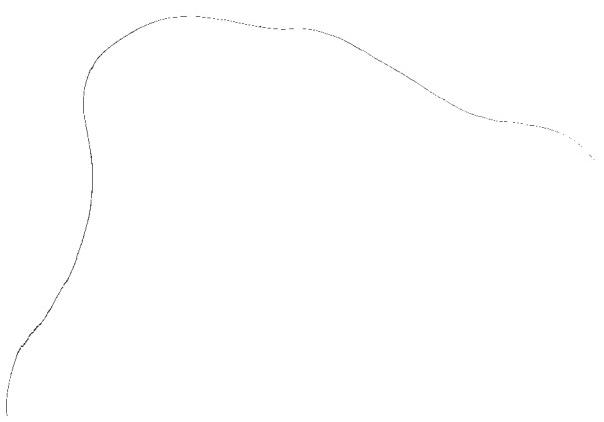
_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:





Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V SHEETS

Case Number: 04CV-19-206

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in black ink that reads "Blythe Reid".



Blythe L Reid, Benton County Deputy Clerk

IN THE CIRCUIT COURT OF CRAIGHEAD COUNTY, ARKANSAS
WESTERN

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JEREMY WILLIAMS

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, JEREMY WILLIAMS, is an adult resident of 1034 CR 333, JONESBORO AR 72401.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1.	Principle and Accrued Interest:	\$1,502.77
2.	Attorney Fees in the amount of:	\$0.00
3.	Court Costs in the amount of:	\$187.50
	TOTAL:	\$1,690.27
4.	Additional Court Costs as they accrue	
5.	Post judgment interest.	

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00288624

SReygadas001159

Page 1 of 2



Customer Name Jeremy Williams

Account # [REDACTED] 2064

Questions? - Visit us at www.kay.comPlease send billing inquiries and correspondence to:
(do not send payments to this address)P.O. Box 3680
Akron, OH 44309-3680**Summary of Account Activity**

Previous Balance	\$1,484.69
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$18.08
New Balance	\$1,502.77
Statement closing date	09/24/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,502.77
Balance Payable To Avoid Further Interest Charges	\$1,502.77
Minimum Payment	\$90.00
Past Due	\$468.00
Total Due	\$558.00
Payment Due Date	10/19/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	19 MONTHS	\$1,699.14

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
09/24/2016	09/25/2016	Interest Charges	\$18.08
		TOTAL INTEREST FOR THIS PERIOD	\$18.08
2016 Totals Year To-Date			
Total fees charged in 2016			\$214.16
Total interest charged in 2016			\$134.58

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx2064
New Balance	\$1,502.77
Due Date	10/19/2016
Total Due	\$558.00
Amount Enclosed	\$

[REDACTED] 20640005580000090001502778

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

100057

KAY
JEWELERS
Every kiss begins with Kay.[®]
kay.com

#BWNCKTF
1301795529250648 #
Jeremy Williams
1034 Cr 333
Jonesboro AR 72401-0459

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

KAY JEWELERS #2215

THE MALL AT TURTLE CREEK
3000 . HIGHLAND DR. STE#119
JONESBORO, AR 724010000

Date: 01/24/2016

Time: 15:34:17

Sales Slip ID: 99699

Cardholder: WILLIAMS, JE
Account No: XXXXXXX2064
Purchase Price: \$1226.03
Down Payment: \$0.00
Credit Plan: REC

Payment Protection Plan Rate: \$1.110 per \$100

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$1226.03

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.

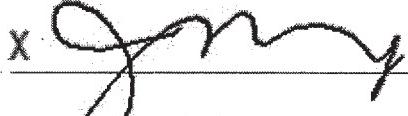


PAYMENT PROTECTION PLAN

By electing optional Payment ProtectionPlan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my stateas described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

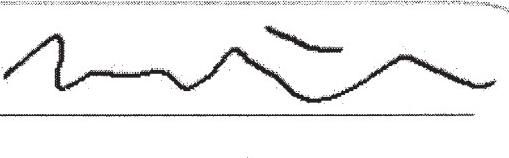
Yes, please enroll me in Payment Protection Plan Credit Insurance



X

08/20/1991

Date of Birth



01/24/16

Date

Reygadas001161

KAY
JEWELERS
Every knot begins with Kay
Kay.com

16

Please use blue or black ink to complete.

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.*

First Name: **Jeremy** M.I. **L** Last Name: **Williams**
Home Address: [REDACTED]

Apt: **[REDACTED]** Suffix: **[REDACTED]**
City: **Jonesboro** State: **AR** Zip Code: **720401**
Other Phone: **()** Length of Time: **[REDACTED]**

Statement Mailing Address:
(If different than above)

Previous Address:
(If at current address less than 3 years)

City: **[REDACTED]** State: **[REDACTED]** Zip Code: **[REDACTED]** Length of Time: **[REDACTED]**

E-Mail Address: **[REDACTED]**

By providing my E-mail address, I consent to receive E-mail communications about my Account.

Driver's License: **[REDACTED]**

Self-Employed? **Y N**

Employer: **[REDACTED]**

Position: **[REDACTED]**

Employer Address: **[REDACTED]**

City: **[REDACTED]**

State: **[REDACTED]** Zip Code: **[REDACTED]**

Phone: **[REDACTED]**

Dent/Ext.: **[REDACTED]**

Length of Time: **[REDACTED]**

Previous Employer: **[REDACTED]**

Previous Length of Time: **[REDACTED]**

(If with current employer less than 1 year)

*Other Monthly income Amount That Could Be Used To Repay Your Obligation:

Nearest Relative Not Lived With You: **[REDACTED]**

State of Residence: **[REDACTED]**

Phone: **[REDACTED]**

First Name: **[REDACTED]**

M.I. **[REDACTED]**

Last Name: **[REDACTED]**

Suffix: **[REDACTED]**

Are you a U.S. Citizen? **Y N**

Home Address: **[REDACTED]**
(If different from primary applicant)

City: **[REDACTED]**

State: **[REDACTED]**

Zip Code: **[REDACTED]**

Length of Time: **[REDACTED]**

Phone: **()**

Social Security Number: **[REDACTED]**

Date of Birth: **[REDACTED]**

Driver's License #: **[REDACTED]**

Employer Name and Address: **[REDACTED]**

Self-Employed? **Y N**

Phone: **()**

Gross Monthly Income: **[REDACTED]**

Length of Time: **[REDACTED]**

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation: **[REDACTED]**

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval, each applicant may be liable for all amounts of credit extended under this Account to any Joint Applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse: **[REDACTED]**

Address of Spouse: **[REDACTED]**

BEFORE SIGNING BELOW, I HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a pre-recorded message when contacted.

Applicant: X

Jeremy Williams

Date: **7-5**

Joint Applicant: X

0300-13S-0000 (R:10/12) 053327

STATE OF NEW YORK
COUNTY OF ERIE

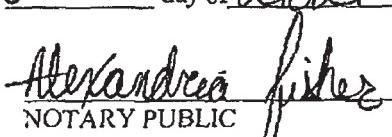
AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant JEREMY WILLIAMS's KAY JEWELERS account identified by the account number [REDACTED] 2064.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,502.77, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01FI6379990
Qualified in Erie County
My Commission Expires 08-27-2022

51853981
00288624

IN THE CIRCUIT COURT OF CRAIGHEAD COUNTY, ARKANSAS
WESTERN

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JEREMY WILLIAMS

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

JEREMY WILLIAMS

1034 CR 333, , JONESBORO AR 72401

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

CRAIGHEAD COUNTY CIRCUIT COURT
JONESBORO, AR 72403

[Signature of Clerk or Deputy Clerk]

[SEAL]

Date: _____

00288624

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES V JEREMY WILLIAMS

Case Number: 16JCV-19-92

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in black ink that reads "Sharron L. Ussery".



Sharron Ussery, Deputy Clerk

Electronically signed by SLUSSERY on 2019-01-30 08:53:03 page 3 of 3

IN THE CIRCUIT COURT OF CRAIGHEAD COUNTY
STATE OF ARKANSAS

DNF Associates LLC

vs.
JEREMY WILLIAMS

Plaintiff/Petitioner

Defendant/Respondent

Cause No.: **16JCV-19-92**

Hearing Date:

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **JEREMY WILLIAMS**

- I personally delivered the **Summons; Complaint** to the individual at _____ [place] on _____ [date]; or
- I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or
- I left the **Summons; Complaint** with Unknown Person who refused to give true name, a member of the defendant's family at least 18 years of age, at **1034 CR 333, JONESBORO, Craighead County, AR 72401**, a place where the defendant resides, on **24th day of February, 2019**; or
- I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.
- Other [specify]: _____
- I was unable to execute service at _____ [place] : _____

My fee is \$: **\$ 65.00**

REF: **00288624**

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE

Tracking #: **0033647794**



To be completed if service is by a sheriff or deputy sheriff:

Date: _____

SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

[Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 25 day of February, 2019

Mauri Lee Cole

Mauri Lee Cole, Reg. # 2014R-02637, Craighead County

Subscribed and Sworn to before me this 25 day of February, 2019.

Deana G. Freeman

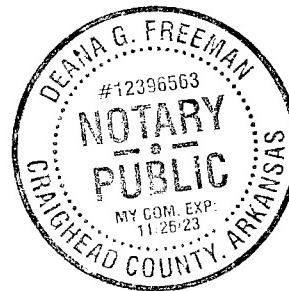
NOTARY PUBLIC in and for the State of Arkansas

Residing at: _____

My commission expires 11-26-23

Additional information regarding service or attempted service:

Jane Doe, PARENT, CO-RESIDENT, who accepted service, a white female approx. 55-65 years of age, 5'-5'4" tall, weighing 120-140 lbs with black hair.



IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JESSICA HOWER

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, JESSICA HOWER, is an adult resident of 291 RANDALL DR,
JACKSONVILLE AR 72076.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$1,029.60

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$185.00
- TOTAL: \$1,214.60**
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281569

Page 1 of 2



Every kiss begins with Kay®

kay.com

Customer Name Jessica Hower

Account # 9036

Questions? – Visit us at www.kay.com

**Please send billing inquiries and correspondence to:
(do not send payments to this address)**

P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,019.88
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$9.72
New Balance	\$1,029.60
Statement closing date	05/18/2016
Days in billing cycle	30

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
05/18/2016	05/19/2016	Interest Charges	\$9.72
		TOTAL INTEREST FOR THIS PERIOD	\$9.72
2016 Totals Year To-Date			
	Total fees charged in 2016		\$141.63
	Total interest charged in 2016		\$48.24

四

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx9036
New Balance	\$1,029.60
Due Date	06/13/2016
Total Due	\$1,029.60
Amount Enclosed	\$

2025 RELEASE UNDER E.O. 14176

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click here.

000638

KAY
JEWELERS
Every kiss begins with Kay.[®]
kay.com

#BWNCKTF
1301658718990368 #
Jessica Hower
1010 N 1st St Apt D11
Jacksonville AR 72076-3270

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

SKeygadas001171
KAY KAY
 STERLING JEWELERS
 JEWELERS
 OUTLET
 Kay Jewelers
 Pay Credit

16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.*

Applicant Information:

First Name: **JESSICA** M.I. **N** Last Name: **HOWER**

Home Address: [REDACTED]

Name Phone Billed Under: [REDACTED]

Suffix: [REDACTED]
 1. Are you a U.S. Citizen? Y N
 2. Are you in the military? Y N
 3. Do you have established credit? Y N

Apt: [REDACTED] City: **Maumelle** State: **AR** Zip Code: **72113**
 Other Phone: () Length of Time: **13 yrs.**

State of Mailing Address:
 (If different than above)

Previous Address:
 (# at current address less than 3 years)

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Length of Time: [REDACTED]

Driver's License #:

Date Ex.: [REDACTED]

By providing my E-mail address, I consent to receive E-mail communications about my Account.

Employer: [REDACTED]

Position: [REDACTED] Self-Employed? Y N

Employer Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Phone: **(501) 1445-4308** Dept/Ext.: [REDACTED]

Gross Monthly Income: [REDACTED] Length of Time: **3 Months**

Previous Employer:
 (# with current employer less than 1 year)

Previous Length of Time: [REDACTED]

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation: [REDACTED]

Nearest Relative Not Living With You: [REDACTED]

State of Residence: [REDACTED]

Phone: [REDACTED]

Ar Kansas

Joint Applicant Information:

First Name: [REDACTED] M.I. [REDACTED] Last Name: [REDACTED]

Suffix: [REDACTED]
 1. Are you a U.S. Citizen? Y N
 2. Are you in the military? Y N
 3. Do you have established credit? Y N

Home Address:
 (# different from primary applicant)

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Length of Time: [REDACTED]

Phone: ()

Social Security Number: [REDACTED]

Date of Birth: [REDACTED] Driver's License #: [REDACTED]

Employer Name and Address: [REDACTED]

Self-Employed? Y N

Phone: () Gross Monthly Income: [REDACTED] Length of Time: [REDACTED] *Other Monthly Income Amount That Could Be Used To Repay Your Obligation: [REDACTED]

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a pre-recorded message when contacted.

Applicant: X

Date: **04-20-15** Joint Applicant: X

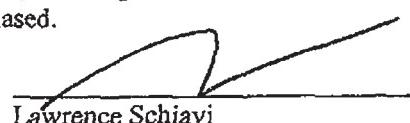
0300-135-0000 (R: 10/14) 058127

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant JESSICA HOWER's KAY JEWELERS account identified by the account number [REDACTED] 9036.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,029.60, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.



Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.



Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022

51747653
00281569

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JESSICA HOWER

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

JESSICA HOWER

291 RANDALL DR., JACKSONVILLE AR 72076

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281569

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



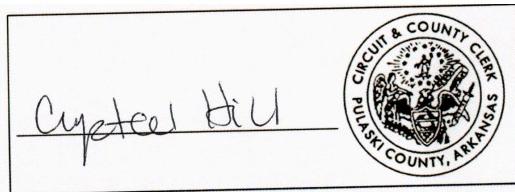
Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V JESSICA HOWER

Case Number: 60CV-19-557

Type: SUMMONS - FILER PREPARED

So Ordered



Crystal Hill

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JIMMY PORTER

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, JIMMY PORTER, is an adult resident of 30 GREEN TIMBER WAY,
VILONIA AR 72173.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

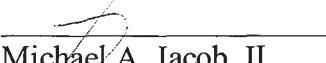
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$4,183.65

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$187.50
- TOTAL:** **\$4,371.15**
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00288627

Page 1 of 2

2524000531



Customer Name Jimmy W Porter
Account # [REDACTED] 7129

Questions? - Visit us at www.jared.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)
 P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$4,129.91
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$53.74
New Balance	\$4,183.65
Statement closing date	09/10/2016
Days in billing cycle	31

Payment Information

New Balance	\$4,183.65
Balance Payable To Avoid Further Interest Charges	\$4,183.65
Minimum Payment	\$195.00
Past Due	\$1,155.00
Total Due	\$1,350.00
Payment Due Date	10/05/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	26 MONTHS	\$4,938.30

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
09/10/2016	09/11/2016	Interest Charges	\$53.74
		TOTAL INTEREST FOR THIS PERIOD	\$53.74
2016 Totals Year To-Date			
			\$95.00
			\$337.56



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx7129
New Balance	\$4,183.65
Due Date	10/05/2016
Total Due	\$1,350.00

[REDACTED] 71290013500000195004183650

Please make your check payable to JARED GALLERIA OF JEWELRY
 Payment mailing address is for remittance only

000531

JARED
The Galleria Of Jewelry
jared.com

JARED GALLERIA OF JEWELRY
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click [here](#)

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

#BNWCKTF
 # 1301794610711295 #
 Jimmy W Porter
 PO Box 952
 Vilonia AR 72173-9313

JARED
The Galleria Of Jewelry
jar.com

JARED
Vault JARED LE VIAN
Jewelry Boutique JARED

21

SSN * * * - * * - 8 0 8 2

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: **Total Monthly Income includes income from a job, including full time, part time, or seasonal jobs or from self employment and includes bonuses, tips and commissions. It includes interest or dividends, rental income, retirement income or public assistance, as well as profit from self employment. It includes shared income, which is money from somebody else that is regularly deposited into your account or a joint account that person shares with you. If you are 21 or older, you may also include income from others if you can use that income to pay your bills. *Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

Applicant Information:

First Name: jimmy	M.I. W	Last Name: porter	Suffix:	1. Are you a U.S. Citizen? <input checked="" type="checkbox"/> N 2. Are you in the military? <input type="checkbox"/> Y <input checked="" type="checkbox"/> M 3. Do you have established credit? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Home Address:		Apt:	City: viloria	State: ar
Phone:		Name Phone Billed Under:	Other Phone:	Zip Code: 72173
Length of Time at Address: 3yr 0mo				
Statement Mailing Address: 16B Dallas Ln viloria ar 72173				
Previous Address:		City:	State:	Zip Code:
Length of Time:				
By providing my E-mail address, I consent to receive E-mail communications about my Account.				
Employer/*Source of Income:		Position: driver		
Employer Address: 16B dallas ln		City: viloria	State: ar	Zip Code: 72173
Phone:	Dept/Ext.:	Length of Time at Employer: 3yr 6mo		
Self-Employed: (If Yes, please provide the name of your company in the Employer/Source of Income field above)		Previous Employer:		
Previous Length of Time:				
Nearest Relative Not Living With You:		State of Residence: ar	Phone:	

Joint Applicant Information:

First Name:	M.I.	Last Name:	Suffix:	1. Are you a U.S. Citizen? <input checked="" type="checkbox"/> N 2. Are you in the military? <input type="checkbox"/> Y <input checked="" type="checkbox"/> M 3. Do you have established credit? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N
Home Address: (If different from primary applicant)		City:	State:	Zip Code:
Phone: ()		Social Security Number:	Date of Birth:	Driver's License #:
Employer/*Source of Income:		Self-Employed? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (If Yes, please provide the name of your company in the Employer/Source of Income field)		
Phone: ()	Length of Time at Employer:		**Total Monthly Income:	

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO JARED THE GALLERIA OF JEWELRY AT P.O. BOX 3680, AKRON, OH 44309-3680. **STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES:** California Residents: After credit approval each applicant shall have the right to use an open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, you may combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE JARED THE GALLERIA OF JEWELRY RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant: X  Date: 12/21/2015 Joint Applicant: X

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

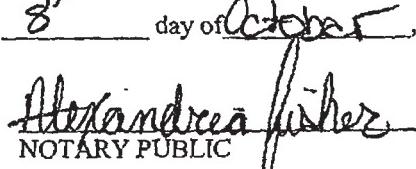
The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff") He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant JIMMY PORTER's JARED account identified by the account number [REDACTED] 7129.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$4,183.65, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022


Alexandria Fisher
NOTARY PUBLIC

51837089
00288627

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JIMMY PORTER

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

JIMMY PORTER

30 GREEN TIMBER WAY, , VILONIA AR 72173

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

FAULKNER COUNTY CIRCUIT COURT
CONWAY, AR 72034

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00288627

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES, LLC V JIMMY PORTER

Case Number: 23CV-19-117

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in black ink that reads "B. Donohue".



B. Donohue

Electronically signed by RADONOHUE on 2019-01-30 08:21:42 page 3 of 3

ELECTRONICALLY FILED
Hot Spring County Circuit Court
Teresa Pilcher, Hot Spring County Circuit Clerk
2019-Jan-29 16:18:49
30CV-19-26
C07D02 : 5 Pages

IN THE CIRCUIT COURT OF HOT SPRINGS COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JOE HENARD

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, JOE HENARD, is an adult resident of 1506 MAPLE ST, Malvern AR 72104.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

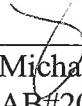
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$3,109.98
2. Attorney Fees in the amount of: \$0.00
3. Court Costs in the amount of: \$187.50

TOTAL:	\$3,297.48
4.	Additional Court Costs as they accrue
5.	Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00293183

Page 1 of 2



Customer Name Joe Henard
Account # 217-14767

Questions? – Visit us at www.kay.com

**Please send billing inquiries and correspondence to:
(do not send payments to this address)**
P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$3,070.94
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$39.04
New Balance	\$3,109.98
Statement closing date	10/18/2016
Days in billing cycle	30

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
10/18/2016	10/19/2016	Interest Charges	\$39.04
		TOTAL INTEREST FOR THIS PERIOD	\$39.04
2016 Totals Year To-Date			
Total fees charged in 2016		\$165.00	
Total interest charged in 2016		\$319.57	

2328000433

Payment Information

New Balance	\$3,109.98
Balance Payable To Avoid Further Interest Charges	\$3,109.98
Minimum Payment	\$140.00
Past Due	\$670.00
Total Due	\$810.00
Payment Due Date	11/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	27 MONTHS	\$3,697.37

If you would like information about credit counseling services, call
1-866-477-6322

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	XXXXXX4767
New Balance	\$3,109.98
Due Date	11/13/2016
Total Due	\$810.00
Amount Enclosed	\$

██████████4762000810000001400003109981

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000433



KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click here

#BNCKTF
1311701114497675 #
Joe Henard
2811 Cyclone St
Bryant AR 72022-6636

Address or Employment Change? Check Box and complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

SReygadas001187
KAY KAY
KAY JEWELERS
OUTLET
Retail Installment Credit

16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete. **INDIVIDUAL ACCOUNT:** In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account. **JOINT ACCOUNT:** Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below **COSIGNED ACCOUNT:** Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.**NOTICE:** Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit. ***Applicant Information:**

First Name: Joe M.I.: Last Name: Hernard
 Home Address: Apt:
 Name Phone Billed Under:

Suffix: 1. Are you a U.S. Citizen? Y N
 2. Are you in the military? Y N
 3. Do you have established credit? Y N
 City: Malvern State: AR Zip Code: 72104
 Other Phone: () Length of Time: 20 years

Statement Mailing Address:
(if different than above)Previous Address:
(if at current address less than 3 years)City: State: Zip Code: Length of Time:

Employer:

E-Mail Address: By providing my E-mail address, I consent to receive E-mail communications about my account.

Employer Address:

Position: Self-Employed? Y N

Phone:

City: State: Zip Code: Dept/Ext.: Length of Time: 4 monthPrevious Employer:
(if with current employer less than 1 year)Previous Length of Time:

24 (years)

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

1800State of Residence: Ar**Joint Applicant Information:**First Name: M.I.: Last Name: Suffix: 1. Are you a U.S. Citizen? Y N
 2. Are you in the military? Y N
 3. Do you have established credit? Y NHome Address:
(if different from primary applicant)City: State: Zip Code: Length of Time: Phone: ()Social Security Number: Date of Birth: Driver's License #:

Employer Name and Address:

Self-Employed? Y N

Phone: ()Gross Monthly Income: Length of Time:

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a pre-recorded message when contacted

Applicant: X

Joe HernardDate: 9/12/15

Joint Applicant: X

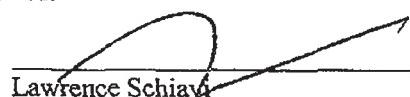
0300-13S-0000 (R: 10/14) 058127

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit.

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant JOE HENARD's KAY JEWELERS account identified by the account number █4767.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$3,109.98, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavone

Subscribed and sworn to before me on this 3rd day of October, 2018.


Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01FI0379990
Qualified In Erie County
My Commission Expires 08-27-2022

51876072
00293183

IN THE CIRCUIT COURT OF HOT SPRINGS COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JOE HENARD

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

JOE HENARD

1506 MAPLE ST., Malvern AR 72104

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

HOT SPRINGS COUNTY CIRCUIT COURT
MALVERN, AR 72104

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00293183

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V JOE HENARD
Case Number: 30CV-19-26
Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature of "Lori Burks" is written over a white rectangular background. To the right of the signature is a circular official seal. The seal features a central shield with a mountain, a river, and a sunburst, surrounded by the text "COURT OF APPEALS", "HOT SPRINGS", and "ARKANSAS".

LORI BURKS

Electronically signed by LABURKS on 2019-01-30 08:09:42 page 3 of 3

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JOHN MUHAMMAD

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, JOHN MUHAMMAD, is an adult resident of 1858 WOLFE ST, LITTLE ROCK AR 72202.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED VAULT account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

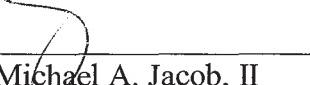
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$1,212.13

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$185.00
- TOTAL:** **\$1,397.13**
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281557

Page 1 of 2



Customer Name John B Muhammad
Account # 5848

Questions? - Visit us at www.jared.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,197.68
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$14.45
New Balance	\$1,212.13
Statement closing date	06/16/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,212.13
Balance Payable To Avoid Further Interest Charges	\$1,212.13
Minimum Payment	\$100.00
Past Due	\$700.00
Total Due	\$800.00
Payment Due Date	07/11/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay	You will pay off the balance shown on this statement in about	And you will end up paying an estimated total of
Only the minimum payment	14 MONTHS	\$1,318.77

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
06/16/2016	06/17/2016	Interest Charges	\$14.45
		TOTAL INTEREST FOR THIS PERIOD	\$14.45
2016 Totals Year To-Date			
			\$124.70
			\$86.63



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx5848
New Balance	\$1,212.13
Due Date	07/11/2016
Total Due	\$800.00
Amount Enclosed	\$

5848000800000100001212139

Please make your check payable to JARED GALLERIA OF JEWELRY
Payment mailing address is for remittance only

JARED GALLERIA OF JEWELRY
P.O.Box 740425
Cincinnati OH 45274-0425

000117

JARED[®]
The Galleria Of Jewelry
jared.com

To review important notices, click here

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

#BWNCKTF
1301665016578480 #
John B Muhammad
1858 Wolfe St
Little Rock AR 72202-6076

SReygadas001195

JARED

The Galleria Of Jewelry

jared.com

21

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.*

Applicant Information:

First Name: <i>John</i>	M.I. <i>B</i>	Last Name: <i>Mohammed</i>	Suffix:	1. Are you a U.S. Citizen? Y N
Home: <i>[REDACTED]</i>	Apt: <i>[REDACTED]</i>	City: <i>[REDACTED]</i>	State: <i>[REDACTED]</i>	2. Are you in the military? Y N
Name Printed Under: <i>[REDACTED]</i>			Other Phone: <i>()</i>	3. Do you have established credit? Y N

(If different than above)

Previous Address: (If at current address less than 3 years)	City:	State:	Zip Code:	Length of Time:
Driver's License #:	E-Mail Address:	By providing my E-mail address, I consent to receive E-mail communications about my Account.		
Employer: <i>[REDACTED]</i>	Position:	Self-Employed? Y N		
Phone: <i>[REDACTED]</i>	Dept/Ext.: <i>[REDACTED]</i>	City: <i>[REDACTED]</i>	State: <i>[REDACTED]</i>	Zip Code: <i>[REDACTED]</i>
		Length of Time: <i>7 years</i>		

(If with current employer less than 1 year)

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

Nearest Relative Not Living With You: *[REDACTED]* State of Residence: *AR*

Phone: *[REDACTED]*

Joint Applicant Information:

First Name: <i>[REDACTED]</i>	M.I. <i>[REDACTED]</i>	Last Name: <i>[REDACTED]</i>	Suffix:	1. Are you a U.S. Citizen? Y N
Home Address: (If different from primary applicant)	City: <i>[REDACTED]</i>	State: <i>[REDACTED]</i>	Zip Code: <i>[REDACTED]</i>	Length of Time: <i>[REDACTED]</i>
Phone: <i>()</i>	Social Security Number: <i>[REDACTED]</i>	Date of Birth: <i>[REDACTED]</i>	Driver's License #:	

Employer Name and Address:

Self-Employed? Y N

Phone: <i>()</i>	Gross Monthly Income: <i>[REDACTED]</i>	Length of Time: <i>[REDACTED]</i>	*Other Monthly Income Amount That Could Be Used To Repay Your Obligation: <i>[REDACTED]</i>
-------------------	---	-----------------------------------	---

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO JARED THE GALLERIA OF JEWELRY AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE JARED THE GALLERIA OF JEWELRY RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I (we) agree to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or an recorded message when contacted. *

Applicant X

Blairine

Date: *7/2/15*

Joint Applicant: X

0300-26J-0000 (R: 10/14) 058127

JARED VAULT #4190

Houston Premium Outlets
29300 Hempstead Rd., Ste. 846
Cypress, TX 77433

Date: 02/12/2015

Time: 14:13:09

Sales Slip ID: 9389

Cardholder: MUHAMMAD, JO
Account No: XXXXXXX5848
Purchase Price: \$1418.06
Down Payment: \$0.00
Credit Plan: REG

Payment Protection Plan Rate: \$0.646 per \$100

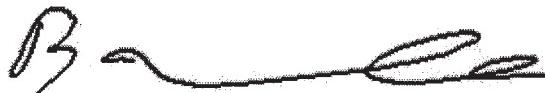
YOU MAY EXCHANGE OR RETURN YOUR PURCHASE WITHIN 30 DAYS. WATCHES MUST BE IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND ACCOMPANIED BY ORIGINAL PACKAGING, INSTRUCTIONS AND WARRANTY DOCUMENTS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED. VISIT WWW.JARED.COM/GEMCARE FOR IMPORTANT INFORMATION ABOUT GEMSTONE TREATMENTS, SPECIAL CARE REQUIREMENTS, MAINTENANCE, STORAGE AND PROTECTION.

Total: \$1418.06

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my JARED VAULT Retail Installment Charge Agreement, the terms of which are incorporated by reference.



PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan Insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance

X	16
	02/12/15
Date of Birth	Date

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant JOHN MUHAMMAD's JARED VAULT account identified by the account number 2165005848.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,212.13, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51743311
00281557

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JOHN MUHAMMAD

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

JOHN MUHAMMAD

1858 WOLFE ST., LITTLE ROCK AR 72202

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281557

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



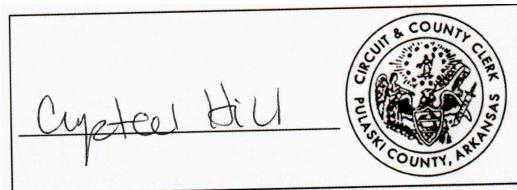
Arkansas Judiciary

Case Title: DNF ASSOCIATES V JOHN MUHAMMAD

Case Number: 60CV-19-554

Type: SUMMONS - FILER PREPARED

So Ordered



Crystal Hill

ELECTRONICALLY FILED
Faulkner County Circuit Court
Crystal Taylor, Circuit Clerk
2019-Jan-29 15:40:50
23CV-19-114
C20D01 : 5 Pages

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JUMPIERRE HALL

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, JUMPIERRE HALL, is an adult resident of 235 ASH STREET, CONWAY AR 72034.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$1,494.18

2. Attorney Fees in the amount of: \$0.00
3. Court Costs in the amount of: \$187.50
TOTAL: \$1,681.68
4. Additional Court Costs as they accrue
5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00288618

Page 1 of 2

2524000328



Customer Name Jumpierre Hall
Account # [REDACTED] 2175

Questions? - Visit us at www.jared.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)

P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,475.08
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$19.10
New Balance	\$1,494.18
Statement closing date	09/10/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,494.18
Balance Payable To Avoid Further Interest Charges	\$1,494.18
Minimum Payment	\$100.00
Past Due	\$450.00
Total Due	\$550.00
Payment Due Date	10/05/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	17 MONTHS	\$1,664.25

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
09/10/2016	09/11/2016	Interest Charges	\$19.10
		TOTAL INTEREST FOR THIS PERIOD	\$19.10
2016 Totals Year To-Date			
Total fees charged in 2016			\$299.35
Total interest charged in 2016			\$163.28



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx2175
New Balance	\$1,494.18
Due Date	10/05/2016
Total Due	\$550.00

[REDACTED] 21750005500000100001494181

Please make your check payable to JARED GALLERIA OF JEWELRY
 Payment mailing address is for remittance only

000328

JARED
The Galleria Of Jewelry
jared.com

JARED GALLERIA OF JEWELRY
 P.O.Box 740425
 Cincinnati OH 45274-0425

[To review important notices, click here](#)

#BWNCKTF
 # 1301696910211753 #
 Jumpierre Hall
 235 Ash Street
 Conway AR 72034-6418

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

SReygadas001204

JARED
The Galleria Of Jewelry
jared.com

21

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.***Applicant Information:**

First Name:

JWPierre

M.I.:

Hall

Last Name:

Home Address:

(Name)

Phone:

Name Phone Billed:

City:

State:

Zip Code:

Length of Time:

Statement Mailing Address:

(If different than above)

Previous Address:

(If at current address less than 3 years)

Employer Address:

Phone:

Dept/Ext.:

Current Employer:

(If with current employer less than 1 year)

Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

Nearest Retailer:

You:

State of Residence:

A

Phone:

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

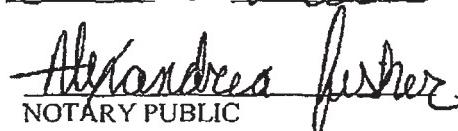
The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant JUMPIERRE HALL's JARED account identified by the account number [REDACTED] 2175.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,494.18, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.



Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.



Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified in Erie County
My Commission Expires 08-27-2022

51843444
00288618

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JUMPIERRE HALL

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

JUMPIERRE HALL

235 ASH STREET, CONWAY AR 72034

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

FAULKNER COUNTY CIRCUIT COURT
CONWAY, AR 72034

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00288618

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V JUMPIERRE HALL

Case Number: 23CV-19-114

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in blue ink that appears to read "J. Wiggs".



J.WIGGS

Electronically signed by JLWIGGS on 2019-01-29 15:49:59 page 3 of 3

2019-Jan-29 16:13:28

26CV-19-135

C18ED04 : 6 Pages

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

KARRIE EASLEY

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, KARRIE EASLEY, is an adult resident of 638 CRYSTAL HILL RD, HOT SPRINGS AR 71913.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

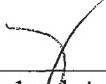
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$2,438.62

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$187.50
- TOTAL: \$2,626.12**
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00288638

SReygadas001211

Page 1 of 2

2328000544



Customer Name Karrie Easley
Account # [REDACTED] 2044

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)

P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$2,408.80
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$29.82

New Balance	\$2,438.62
Statement closing date	09/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$2,438.62
Balance Payable To Avoid Further Interest Charges	\$2,438.62
Minimum Payment	\$135.00
Past Due	\$945.00
Total Due	\$1,080.00
Payment Due Date	10/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	21 MONTHS	\$2,790.77

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
09/18/2016	09/19/2016	Interest Charges	\$29.82
		TOTAL INTEREST FOR THIS PERIOD	\$29.82
2016 Totals Year To-Date			
Total fees charged in 2016		\$95.00	
Total interest charged in 2016		\$238.56	



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx2044
New Balance	\$2,438.62
Due Date	10/13/2016
Total Due	\$1,080.00
Amount Enclosed	\$ [REDACTED]

[REDACTED] 20440010800000135002438628

Please make your check payable to KAY JEWELERS
 Payment mailing address is for remittance only

000544

KAY
JEWELERS
Every kiss begins with Kay.[®]
kay.com

KAY JEWELERS
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

#BWNCKTF
 # 1301794114290440 #
 Karrie Easley
 638 Crystal Hill Rd
 Hot Springs AR 71913-9102



16

- Select the Type of Account You Want to Open
- INDIVIDUAL ACCOUNT In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.
- JOINT ACCOUNT Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below
- COSIGNED ACCOUNT Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments

NOTICE * Total Monthly Income includes income from a job including full time, part time or seasonal jobs or from self employment and includes bonuses, tips and commissions. It includes interest or dividends, rental income, retirement income or public assistance, as well as profit from self employment. It includes shared income which is money from somebody else that is regularly deposited into your account or a joint account that person shares with you. If you are 21 or older you may also include income from others if you can use that income to pay your bills. *Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

Applicant Information

First Name Karen	M I M	Last Name Easley	Suffix	1 Are you a U.S. Citizen? Y
Home Address [REDACTED]	Apt	City Hartford	2 Are you in the military? N	
Phone ()	Other Phone ()	State AN	3 Do you have established credit? N	
			Zip Code 71913	
				Length of Time at Address 5 yr

Statement Mailing Address
(If different than above)

Previous Address
(If at current address less than 3 years)

Employer/Source of Income

Employer Address

Phone **()** Dept/Ext

Self Employed? **Y**
(If Yes, please provide the name of your company in the Employer/Source of Income field above)

Previous Employer
(If with current employer less than 1 year)

Nearest Relocation Noticing You

State of Residence **AL**

Phone **()**

Length of Time at Employer **4 yr**

Previous Length of Time

Joint Account Application

First Name	M I	Last Name	Suffix	1 Are you a U.S. Citizen? Y <input checked="" type="checkbox"/>
Home Address (If different from primary applicant)	City	State	Zip Code	2 Are you in the military? N
Phone ()	Social Security Number	Date of Birth	3 Do you have established credit? N	
Employer/Source of Income		Driver's License #		
Phone ()	Length of Time at Employer	**Total Monthly Income		

The information furnished on this application is complete and accurate to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES. California Residents: After credit approval each applicant shall have the right to use an open end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual account, you may combine your and your spouse's financial information above. Marital Agreement Notice: No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse

Address of Spouse

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone calling system and/or a prerecorded message when contacted.

Applicant **[Signature]** Joint Applicant **X**

Date **12/14/15**

(R 10/15) 150167

HOT SPRINGS MALL

4501 CENTRAL AVE. SUITE 155

HOT SPRINGS, AR 719130000

Date: 12/24/2015

Time: 18:00:07

Sales Slip ID: 80067

Cardholder: EASLEY, KA
Account No: XXXXXXX2044
Purchase Price: \$2240.06
Down Payment: \$0.00
Credit Plan: REG

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$2240.06

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.



PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

No, do not enroll me in Payment Protection Plan Credit Insurance

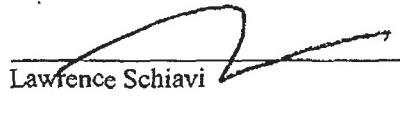


STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant KARRIE EASLEY's KAY JEWELERS account identified by the account number [REDACTED] 2044.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$2,438.62, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51853978
00288638

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

KARRIE EASLEY

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

KARRIE EASLEY

638 CRYSTAL HILL RD., HOT SPRINGS AR 71913

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

GARLAND COUNTY CIRCUIT COURT
HOT SPRINGS, AR 71901

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00288638

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V KARRIE EASLEY
Case Number: 26CV-19-135
Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in cursive script that reads "Candace Muzny".



CANDACE MUZNY

Electronically signed by CRMUZNY on 2019-01-29 16:18:22 page 3 of 3

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

LAKISSA HAMPTON

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, LAKISSA HAMPTON, is an adult resident of 11701 BIRCHWOOD DR, LITTLE ROCK AR 72211.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$2,190.44

- | | | |
|----|---------------------------------------|-------------------|
| 2. | Attorney Fees in the amount of: | \$0.00 |
| 3. | Court Costs in the amount of: | \$185.00 |
| | TOTAL: | \$2,375.44 |
| 4. | Additional Court Costs as they accrue | |
| 5. | Post judgment interest. | |

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281584

Page 1 of 2

2524000976



Customer Name Lakissa R Hampton
Account # xxxxxxxx8776

Questions? - Visit us at www.jared.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)

P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$2,162.64
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$27.80
New Balance	\$2,190.44
Statement closing date	07/10/2016
Days in billing cycle	30

Payment Information

New Balance	\$2,190.44
Balance Payable To Avoid Further Interest Charges	\$2,190.44
Minimum Payment	\$125.00
Past Due	\$875.00
Total Due	\$1,000.00
Payment Due Date	08/05/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	20 MONTHS	\$2,494.62

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
07/10/2016	07/11/2016	Interest Charges	\$27.80
TOTAL INTEREST FOR THIS PERIOD			\$27.80
2016 Totals Year To-Date			
Total fees charged in 2016			\$130.00
Total Interest charged in 2016			\$194.60



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx8776
New Balance	\$2,190.44
Due Date	08/05/2016
Total Due	\$1,000.00
Amount Enclosed	\$

xxxxxxxx87760010000000125002190449

Please make your check payable to JARED GALLERIA OF JEWELRY
 Payment mailing address is for remittance only

000976

JARED®
The Galleria Of Jewelry
jared.com

JARED GALLERIA OF JEWELRY
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click here

#BNCKTF
 # 1600074813817761 #
 Lakissa R Hampton
 11701 Birchwood Dr
 Little Rock AR 72211-3423

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

Park Avenue
310 South University Ave
Little Rock, AR 72205

Date: 09/06/2015

Time: 18:31:46

Sales Slip ID: 27235

Cardholder: HAMPTON, LA
Account No: XXXXX8776
Purchase Price: \$1716.71
Down Payment: \$0.00
Credit Plan: REG

YOU MAY EXCHANGE OR RETURN YOUR PURCHASE WITHIN 30 DAYS. ACCESSORIES AND WATCHES MUST BE IN ORIGINAL CONDITION (UNWORN & UNALTERED). WATCHES MUST BE ACCCOMPANIED BY ORIGINAL PACKAGING, INSTRUCTIONS AND WARRANTY DOCUMENTS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$1716.71

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my JARED GALLERIA OF JEWELRY Retail Installment Charge Agreement, the terms of which are incorporated by reference.



PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

No, do not enroll me in Payment Protection Plan Credit Insurance



STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant LAKISSA HAMPTON's JARED account identified by the account number ~~600-28776~~.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$2,190.44, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022

51755567
00281584

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

LAKISSA HAMPTON

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

LAKISSA HAMPTON

11701 BIRCHWOOD DR., LITTLE ROCK AR 72211

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

[SEAL]

Date: _____

00281584

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

_____ Notary Public

My Commission Expires:



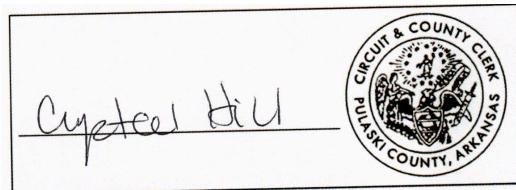
Arkansas Judiciary

Case Title: DNF ASSOCIATES V LAKISA HAMPTON

Case Number: 60CV-19-562

Type: SUMMONS - FILER PREPARED

So Ordered



Crystal Hill

ELECTRONICALLY FILED
Garland County Circuit Court
Jeannie Pike, Garland Co. Circuit Court Clerk
2019-Jan-29 14:17:21
26CV-19-127
C18ED03 : 6 Pages

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

LEAH YARBERRY

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, LEAH YARBERRY, is an adult resident of 125 CLEARWATER CIR UNIT D, HOT SPRINGS AR 71913.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$7,929.75

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$187.50
- TOTAL:** \$8,117.25
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281583

Page 1 of 2



Customer Name Leah Yarberry

Account # [REDACTED] 2564

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$7,828.27
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$101.48

New Balance	\$7,929.75
Statement closing date	06/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$7,929.75
Balance Payable To Avoid Further Interest Charges	\$7,929.75
Minimum Payment	\$350.00
Past Due	\$2,447.36
Total Due	\$2,797.36
Payment Due Date	07/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	28 MONTHS	\$9,467.08

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
06/18/2016	06/19/2016	Interest Charges	\$101.48
		TOTAL INTEREST FOR THIS PERIOD	\$101.48

2016 Totals Year To-Date

Total fees charged in 2016	\$130.40
Total interest charged in 2016	\$607.53

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx2564
New Balance	\$7,929.75
Due Date	07/13/2016
Total Due	\$2,797.36
Amount Enclosed	\$

[REDACTED] 25640027973600350007929758

000058

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click [here](#)

Address or Employment Change? Check Box and complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

KAY
JEWELERS
Every kiss begins with Kay.
kay.com

#BNWCKTF
1301263811295649 #
Leah Yarberry
105 Thistledown Trail
Hot Springs AR 71913-8004

KAY
EWE LERS
 2000 KELLOGG AVENUE
 KENOSHA, WI 53140
 800.522.5200
 KAY.COM

<input type="checkbox"/> INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.			<input type="checkbox"/> JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.			<input type="checkbox"/> CO-SIGNED ACCOUNT: Co-signer and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.		
---	--	--	--	--	--	--	--	--

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.*

Applicant Information:					
First Name: Leah	M.I.: 	Last Name: Yarberry	Suffix: 	1. Are you a U.S. Citizen? Y N	
Home Address: 	Apt: 	City: Benton	State: AL	2. Are you in the military? Y N	
Phone: ()			Other Phone: ()	3. Do you have established credit? Y N	
Length of Time: 18 yrs					

Statement Mailing Address:
(if different than above)

Previous Address: (if current address less than 3 years)	City: 	State: 	Zip Code: 	Length of Time:
E-Mail Address: 				By providing my E-mail address, I consent to receive E-mail communications about my account.
Employer Name/Address: 	Position: CNA	Self-Employed? Y N		
Home: 	City: 	State: 	Zip Code: 	Length of Time:
Previous Employer: (if with current employer less than 1 year)	Gross Monthly Income: 			Length of Time: 3mo
Previous Length of Time: 142				

Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

Nearest Relative/Marital Status: W	State of Residence: AL	Phone: 	
Joint Applicant Information:			
First Name: 	M.I.: 	Last Name: 	Suffix:
1. Are you a U.S. Citizen? Y N	2. Are you in the military? Y N	3. Do you have established credit? Y N	
Home Address: 	City: 	State: 	Zip Code:
Length of Time: 			
Phone: 	Date of Birth: 	Driver's License #: 	
Employer Name and Address: 			
Self-Employed? Y N			
Home: 	Gross Monthly Income: 	Length of Time: 	*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account or other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval, each applicant may be liable for all amounts of credit extended under this Account to any Joint Applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDIT WORTHY CUSTOMERS AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTRATES COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 736.59 Wis. Stats., or court decree under Sec. 765.70 Wis. Stats., will adversely affect your rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I HAVE RECEIVED A COPY OF THAT AGREEMENT.

I understand, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my plan; and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant: X Leah Yarberry	Date: 3/27/14	Joint Applicant: X
-----------------------------------	----------------------	--------------------

HOT SPRINGS MALL
4501 CENTRAL AVE. SUITE 155
HOT SPRINGS, AR 719130000

Date: 10/25/2015

Time: 17:54:00

Sales Slip ID: 77034

Cardholder: YARBERRY, LE
Account No: XXXXXXXX2564
Purchase Price: \$6898.49
Down Payment: \$0.00
Credit Plan: REG

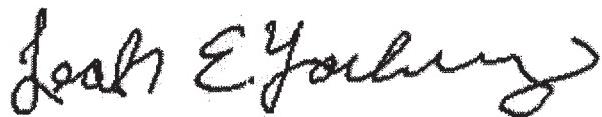
YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$6898.49

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.

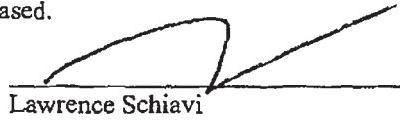


STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

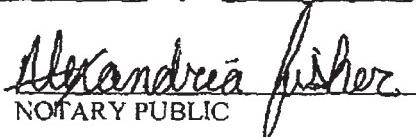
The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant LEAH YARBERRY's KAY JEWELERS account identified by the account number [REDACTED] 2564.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$7,929.75, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022


Alexandria Fisher
NOTARY PUBLIC

51755562
00281583

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

v.

CAUSE NO. _____

LEAH YARBERRY

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

LEAH YARBERRY

125 CLEARWATER CIR UNIT D, HOT SPRINGS AR 71913

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

GARLAND COUNTY CIRCUIT COURT
HOT SPRINGS, AR 71901

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281583

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V LEAH YARBERRY

Case Number: 26CV-19-127

Type: SUMMONS - FILER PREPARED

So Ordered

Melissia Sowell



MELISSIA SOWELL

Electronically signed by MGSOWELL on 2019-01-29 14:37:45 page 3 of 3

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

LEANDER MOORE

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, LEANDER MOORE, is an adult resident of 1422 S PIERCE ST, LITTLE ROCK AR 72204.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$1,102.18

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$185.00
- TOTAL:** **\$1,287.18**
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281568

Page 1 of 2

1874000504



Customer Name Leander L Moore
 Account # 0000063620

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)
 P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,088.87
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$13.31
New Balance	\$1,102.18
Statement closing date	05/18/2016
Days in billing cycle	30

Payment Information

New Balance	\$1,102.18
Balance Payable To Avoid Further Interest Charges	\$1,102.18
Minimum Payment	\$70.00
Past Due	\$490.00
Total Due	\$560.00
Payment Due Date	06/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$35.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	18 MONTHS	\$1,236.02

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
05/18/2016	05/19/2016	Interest Charges	\$13.31
		TOTAL INTEREST FOR THIS PERIOD	\$13.31
2016 Totals Year To-Date			
Total fees charged in 2016			\$47.49
Total interest charged in 2016			\$66.37

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT



Account #	xxxxxx3620
New Balance	\$1,102.18
Due Date	06/13/2016
Total Due	\$560.00
Amount Enclosed	\$

18740005600000070001102181

Please make your check payable to KAY JEWELERS
 Payment mailing address is for remittance only

000504



KAY JEWELERS
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

#BWNCKTF
 # 1301658016396201 #
 Leander L Moore
 1422 S Pierce St
 Little Rock AR 72204-2637

SReygadas001238

KAY KAY
JEWELERS
www.kay.com
KAY.COM
JEWELERS
OUTLET
kayoutlet.com

16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.*

Applicant Information:

First Name: Leander M.I. L Last Name: Moore
Home Address: [REDACTED]

Apt: [REDACTED] Suffix: [REDACTED] 1. Are you a U.S. Citizen? Y N
City: Cleveland State: OH 2. Are you in the military? Y N
Other Phone: () Zip Code: 12204
Length of Time: 30 yrs

Second Mailing Address:
(If different than above)

Previous Address:
(If at current address less than 3 years)

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Length of Time: [REDACTED]

Employer: [REDACTED]

Employer Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Phone: [REDACTED] Dept/Ext.: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Length of Time: 4 yrs

Previous employer:
(If with current employer less than 1 year)

Previous Length of Time: [REDACTED]

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

Nearest Relative Relationship With You:

State of Residence: AK

Phone: [REDACTED]

Joint Applicant Information:

First Name: [REDACTED] M.I. [REDACTED] Last Name: [REDACTED]

Suffix: [REDACTED] 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

Home Address:
(If different from primary applicant)

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Length of Time: [REDACTED]

Phone: ()

Social Security Number: [REDACTED]

Date of Birth: [REDACTED]

Driver's License #:

Employer Name and Address:

Self-Employed? Y N

Phone: ()

Gross Monthly Income: [REDACTED]

Length of Time: [REDACTED]

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I (we) agree to 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant: [REDACTED]

Date: May 25, 2012 Joint Applicant: X

0300-13S-0000 (R: 10/14) 058127

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant LEANDER MOORE's KAY JEWELERS account identified by the account number ████8620.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,102.18, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavone

Subscribed and sworn to before me on this 8th day of October, 2018.


Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51747469
00281568

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

LEANDER MOORE

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

LEANDER MOORE

1422 S PIERCE ST., LITTLE ROCK AR 72204

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281568

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



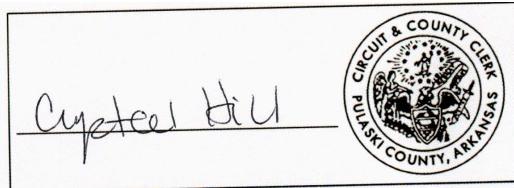
Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V LEANDER MOORE

Case Number: 60CV-19-555

Type: SUMMONS - FILER PREPARED

So Ordered



Crystal Hill

IN THE CIRCUIT COURT OF WASHINGTON COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

LUCAS HARLAN

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, LUCAS HARLAN, is an adult resident of 1415 N OLYMPIC CLUB AVE Apt 206, FAYETTEVILLE AR 72704.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

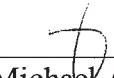
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$4,535.98

- | | | |
|----|---------------------------------------|-------------------|
| 2. | Attorney Fees in the amount of: | \$.00 |
| 3. | Court Costs in the amount of: | \$167.50 |
| | TOTAL: | \$4,703.48 |
| 4. | Additional Court Costs as they accrue | |
| 5. | Post judgment interest. | |

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281550

Page 1 of 2



Customer Name Lucas Harlan
 Account [REDACTED] 0733

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)
 P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity	
Previous Balance	\$4,490.01
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$45.97
New Balance	\$4,535.98
Statement closing date	04/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$4,535.98
Balance Payable To Avoid Further Interest Charges	\$4,535.98
Minimum Payment	\$220.00
Past Due	\$1,540.00
Total Due	\$1,760.00
Payment Due Date	05/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$35.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	25 MONTHS	\$5,312.55

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
04/18/2016	04/19/2016	Interest Charges	\$45.97
		TOTAL INTEREST FOR THIS PERIOD	\$45.97
2016 Totals Year To-Date			
Total fees charged in 2016			\$0.00
Total interest charged in 2016			\$183.88

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT



Account #	xxxxxx0733
New Balance	\$4,535.98
Due Date	05/13/2016
Total Due	\$1,760.00
Amount Enclosed	\$ [REDACTED]

[REDACTED] 80733001760000220004535981

000080



KAY JEWELERS
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click here

#BNCKTF
 # 1301342113097331 #
 Lucas Harlan
 1415 N Olympic Club Ave Apt
 206
 Fayetteville AR 72704-6472

Address or Employment Change? Check Box and complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant LUCAS HARLAN's KAY JEWELERS account identified by the account number [REDACTED] 0733.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$4,535.98, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.



Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified in Erie County
My Commission Expires 08-27-2022



Alexandria Fisher
NOTARY PUBLIC

51737073
00281550

IN THE CIRCUIT COURT OF WASHINGTON COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

v.

CAUSE NO. _____

LUCAS HARLAN

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

LUCAS HARLAN

1415 N OLYMPIC CLUB AVE Apt 206, , FAYETTEVILLE AR 72704

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

WASHINGTON COUNTY CIRCUIT COURT
FAYETTEVILLE, AR 72701

[Signature of Clerk or Deputy Clerk]

[SEAL]

Date: _____

00281550

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day of

_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V HARLAN

Case Number: 72CV-19-194

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in black ink that reads "Pam Penn".



Pamela Penn, Washington County
Deputy Clerk

Electronically signed by PSPENN on 2019-01-29 14:44:45 page 3 of 3

ELECTRONICALLY FILED
Pulaski County Circuit Court
Terri Hollingsworth, Circuit/County Clerk
2019-Jan-29 13:38:48
60CV-19-556
C06D06 : 5 Pages

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

LUDDIE SMITH

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, LUDDIE SMITH, is an adult resident of 14303 HIGH POINT DR, LITTLE ROCK AR 72211.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$3,464.52

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$185.00
- TOTAL:** **\$3,649.52**
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.

~~Michael A. Jacob, II~~
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281563

Page 1 of 2

1873000492



Customer Name Luddie B Smith
Account # 3xxxxx8958

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$3,422.26
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$42.26
New Balance	\$3,464.52
Statement closing date	05/18/2016
Days in billing cycle	30

Payment Information

New Balance	\$3,464.52
Balance Payable To Avoid Further Interest Charges	\$3,464.52
Minimum Payment	\$160.00
Past Due	\$1,120.00
Total Due	\$1,280.00
Payment Due Date	06/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$35.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	26 MONTHS	\$4,097.13

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
05/18/2016	05/19/2016	Interest Charges	\$42.26
TOTAL INTEREST FOR THIS PERIOD			
2016 Totals Year To-Date			
Total fees charged in 2016			
\$74.73			
Total interest charged in 2016			
\$210.74			



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx8958
New Balance	\$3,464.52
Due Date	06/13/2016
Total Due	\$1,280.00
Amount Enclosed	\$

89580012800000160003464523

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000492



KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

#BNWCKTF
1301653312899586 #
Luddie B Smith
14303 High Point Dr
Little Rock AR 72211-2925

SReygadas001253

KAY KAY
JEWELERS
KAY.COM
JEWELERS
OUTLET
KAYOUTLET.COM

16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.*

Applicant Information:

First Name: Luddie M. B Last Name: Smith
Home Address: _____
Phone: _____
Name & Name United Under: _____

Suffix: _____ Apt: _____ City: Little Rock Other Phone: _____ State: Ar Zip Code: 72211
Length of Time: 22 yrs

Statement Mailing Address:
(If different than above)

Previous Address:
(If at current address less than 3 years)

City: _____ State: _____ Zip Code: _____ Length of Time: _____
E-Mail Address: A By providing my E-mail address, I consent to receive E-mail communications about my Account.
Position: _____ Self-Employed? Y N
City: _____ State: _____ Zip Code: _____
Gross Monthly Income: _____ Length of Time: 30 yrs
Previous Length of Time: _____

Employer Name: _____

Employee Address: _____

Phone: _____ Dept/Ext.: _____

(If with current employer less than 1 year)

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation: 1435

Nearest Relative Not Living With You:

State of Residence:

Ar

Phone: _____

Joint Applicant Information:

First Name: _____ M.I. _____ Last Name: _____

Suffix: _____ 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

Home Address: _____
(If different from primary applicant)

City: _____ State: _____ Zip Code: _____ Length of Time: _____

Phone: _____ Social Security Number: _____ Date of Birth: _____ Driver's License #: _____

Employer Name and Address: _____

Self-Employed? Y N

Phone: _____ Gross Monthly Income: _____ Length of Time: _____ *Other Monthly Income Amount That Could Be Used To Repay Your Obligation: _____

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval, each applicant may be liable for all amounts of credit extended under this Account to any Joint Applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTRATES COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DOCUMENTS THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of automated telephone system and/or a computerized system when contacting me.

Applicant: X Luddie Bell Smith Date: 13/10/14 Joint Applicant: X

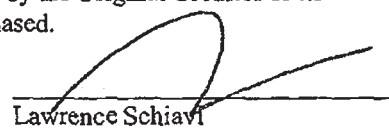
0300-135-0000 (R: 10/13) 055480

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant LUDDIE SMITH's KAY JEWELERS account identified by the account number [REDACTED] 28958.
- 4 Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$3,464.52, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.



Lawrence Schiavoli

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01FIG379990
Qualified In Erie County
My Commission Expires 08-27-2022



Alexandria Fisher
NOTARY PUBLIC

51744990
00281563

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

LUDDIE SMITH

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

LUDDIE SMITH

14303 HIGH POINT DR., LITTLE ROCK AR 72211

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

PULASKI COUNTY CIRCUIT COURT
LITTLE ROCK, AR 72041

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281563

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



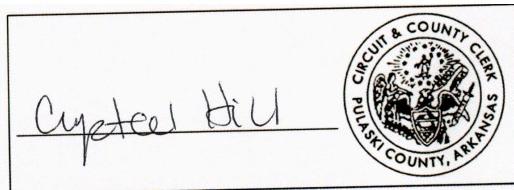
Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V LUDDIE SMITH

Case Number: 60CV-19-556

Type: SUMMONS - FILER PREPARED

So Ordered



Crystal Hill

IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DIVISION

DNF Associates LLC

PLAINTIFF

VS

60CV19-556
CASE #

Luddie Smith

DEFENDANT

ANSWER / RESPONSE

My Grand Kids Was given to me
and I could take care of the kids
and pay the bills, I do understand
I have this debt, I am willing to try
to pay this debt in installment if
any way possible Thank you for being
considerate.

Luddie Smith

14303 High Point

Little Rock, AR 72211

501-551-0004

IN THE CIRCUIT COURT OF PULASKI COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: **60CV-19-556**

Hearing Date:

vs.
LUDDIE SMITH

Defendant/Respondent

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **LUDDIE SMITH**

- I personally delivered the **Summons; Complaint** to **LUDDIE SMITH** at **14303 HIGH POINT DR, LITTLE ROCK, Pulaski County, AR 72211** on **9th day of March, 2019**; or
- I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or
- I left the **Summons; Complaint** with _____ [name], a member of the defendant's family at least 18 years of age, at _____ [address], a place where the defendant resides, on _____ [date]; or
- I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.
- Other [specify]: _____
- I was unable to execute service at _____ [place] :

My fee is \$: **\$ 65.00**



To be completed if service is by a sheriff or deputy sheriff:

Date: _____ SHERIFF OF _____ COUNTY, ARKANSAS
By: _____
[Signature of server]

[Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 12 day of March, 2019

Crystal Batson

Crystal Batson, Reg. # NA, Pulaski County

Subscribed and Sworn to before me this 12 day of March, 2019

Diane Burton Dockery

NOTARY PUBLIC in and for the State of Arkansas

Residing at: Pine Bluff

My commission expires 6-15-21

OFFICIAL SEAL
DIANE BURTON DOCKERY
NOTARY PUBLIC, ARKANSAS
JEFFERSON COUNTY
COMMISSION #12384099
MY COMMISSION EXP. 09-15-2021

Additional information regarding service or attempted service:

LUDDIE SMITH, Who accepted service, with identity confirmed by subject saying yes when named, a gray-haired black female approx. 55-65 years of age, 5'8"-5'10" tall and weighing 180-200 lbs.



IN THE CIRCUIT COURT OF PULASKI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. 60CV-19-556

LUDDIE SMITH

DEFENDANT

MOTION FOR JUDGMENT ON THE PLEADINGS

COMES NOW, Plaintiff, DNF Associates LLC and through counsel and moves for a judgment on the pleadings as follows, to wit:

I.

Plaintiff filed a Complaint in this matter and served a copy of it along with a summons issued by the Clerk of this Court, on the Defendant.

II.

In response, Defendant responded to the Complaint and a copy of this response is being filed with this Court. *See Exhibit "A"*

III.

Defendant's response failed to deny the averments contained in Plaintiff's complaint; and therefore, no genuine issues of material fact are in dispute.

IV.

In support of Plaintiff's motion for damages, Plaintiff has attached as exhibits to their complaint, an affidavit of open account. *See Exhibit "A".*

V.

The total sum pled for in Plaintiff's Complaint remains due and owing from the Defendant to Plaintiff. The Complaint filed herein does hereby state a cause of action as against

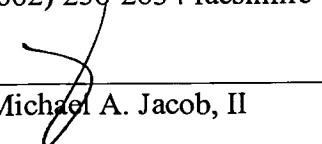
the Defendant, LUDDIE SMITH and the damages incurred by the Plaintiff, DNF Associates LLC are readily capable of being determined, and that the Plaintiff is entitled to recover of, from and against the Defendant, LUDDIE SMITH, in the sum of \$3,464.52, plus court costs and post judgment interest.

WHEREFORE, Plaintiff requests that this Court grant Plaintiff a Judgment on the Pleadings as to its claim against the Defendant in the sum of \$3,464.52, plus costs with interest to accrue at the rate of 5.5% per annum from today until such judgment is satisfied.

March 12, 2019.

Respectfully Submitted,

Jacob Law Group, PLLC
Attorney for the Plaintiff
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(662) 238-2868
(662) 238-2834 facsimile

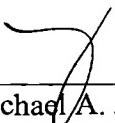

Michael A. Jacob, II

CERTIFICATE OF SERVICE

I, Michael A. Jacob, II, do hereby certify that I have this day mailed, postage prepaid, a true and correct copy of the above and foregoing to:

LUDDIE SMITH
14303 HIGH POINT DR
LITTLE ROCK AR 72211

March 12, 2019.


Michael A. Jacob, II

IN THE CIRCUIT COURT OF LONOKE COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

MELISSA HILLMAN

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, MELISSA HILLMAN, is an adult resident of 790 BLACK JACK RD, WARD AR 72176.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$3,094.47

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$187.50
- TOTAL:** **\$3,281.97**
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00293194

Page 1 of 2

1873100087



Customer Name Melissa A Hillman
Account # 9268

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)
 P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$3,064.39
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$30.08
New Balance	\$3,094.47
Statement closing date	11/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$3,094.47
Balance Payable To Avoid Further Interest Charges	\$3,094.47
Minimum Payment	\$90.00
Past Due	\$720.00
Total Due	\$810.00
Payment Due Date	12/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	4 YEARS	\$4,001.78
\$107.26	3 YEARS	\$3,801.28 Savings = \$200.50

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
11/18/2016	11/19/2016	Interest Charges	\$30.08
TOTAL INTEREST FOR THIS PERIOD			\$30.08
2016 Totals Year To-Date			
Total fees charged in 2016			\$559.30
Total interest charged in 2016			\$321.02



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx9268
New Balance	\$3,094.47
Due Date	12/13/2016
Total Due	\$810.00
Amount Enclosed	\$

Please make your check payable to KAY JEWELERS
 Payment mailing address is for remittance only

100087

KAY
 JEWELERS
 Every kiss begins with Kay.
 kay.com

#BWNCKTF

[REDACTED] 92687

Melissa A Hillman

30 Woodbridge Dr

Cabot AR 72023-3967

To review important notices, click here

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

KAY JEWELERS #1873

MCCAIN MALL

3929 MCCAIN BLVD, SUITE E05B
N LITTLE ROCK, AR 721160000

Date: 07/31/2015

Time: 16:01:02

Sales Slip ID: 39648

Cardholder: HILLMAN, ME
Account No: XXXXXX9268
Purchase Price: \$3617.37
Down Payment: \$1157.53
Credit Plan: BR36

Payment Protection Plan Rate: \$1.110 per \$100

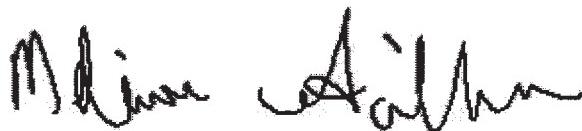
YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$2459.84

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.

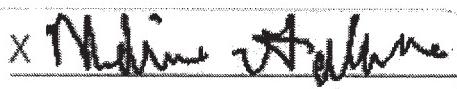


PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan Insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance

	07/31/15
Date of Birth	Date

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant MELISSA HILLMAN's KAY JEWELERS account identified by the account number [REDACTED] 9268.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$3,094.47, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified in Erie County
My Commission Expires 08-27-2022

51903603
00293194

IN THE CIRCUIT COURT OF LONOKE COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

MELISSA HILLMAN

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

MELISSA HILLMAN

790 BLACK JACK RD., WARD AR 72176

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

LONOKE COUNTY CIRCUIT COURT
LONOKE, AR 72086

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00293194

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V MELISSA HILLMAN
Case Number: 43CV-19-77
Type: SUMMONS - FILER PREPARED

So Ordered

Monica James



Monica James

Electronically signed by Monica James on 2019-01-30 09:23:04 page 3 of 3

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

MURPHY MORMAN

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, MURPHY MORMAN, is an adult resident of 114 HALTON TERRACE, HOT SPRINGS AR 71901.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$3,371.08

- 2. Attorney Fees in the amount of: \$.00
- 3. Court Costs in the amount of: \$187.50
- TOTAL:** **\$3,558.58**
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281593

Page 1 of 2

2328000576

**Customer Name** Murphy Morman**Account #** [REDACTED] 1258Questions? - Visit us at www.kay.com**Please send billing inquiries and correspondence to:**
(do not send payments to this address)P.O. Box 3680
Akron, OH 44309-3680**Summary of Account Activity**

Previous Balance	\$3,328.95
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$42.13
New Balance	\$3,371.08
Statement closing date	07/18/2016
Days in billing cycle	30

Payment Information

New Balance	\$3,371.08
Balance Payable To Avoid Further Interest Charges	\$3,371.08
Minimum Payment	\$160.00
Past Due	\$1,120.00
Total Due	\$1,280.00
Payment Due Date	08/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	25 MONTHS	\$3,964.83

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
07/18/2016	07/19/2016	Interest Charges	\$42.13
		TOTAL INTEREST FOR THIS PERIOD	\$42.13

2016 Totals Year To-Date

Total fees charged in 2016	\$60.00
Total interest charged in 2016	\$294.91



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx1258
New Balance	\$3,371.08
Due Date	08/13/2016
Total Due	\$1,280.00
Amount Enclosed	\$

[REDACTED] 12580012800000160003371081

000576

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425[To review important notices, click here](#)Address or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425#BWNCKTF
1301772616192587 #
Murphy Morman
114 Halton Terrace
Hot Springs AR 71901-6431

HOT SPRINGS MALL
4501 CENTRAL AVE. SUITE 155
HOT SPRINGS, AR 719130000

Date: 11/09/2015

Time: 18:42:09

Sales Slip ID: 77366

Cardholder: MORMAN, MU
Account No: XXXXXX1258
Purchase Price: \$3134.04
Down Payment: \$0.00
Credit Plan: REG

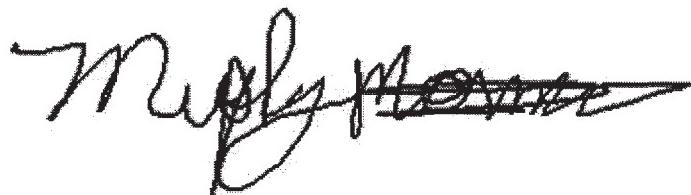
YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$3134.04

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.

A handwritten signature in black ink, appearing to read "Mandy Moore". The signature is fluid and cursive, with a horizontal line through the end of the name.



16

Select the type of account you would like to apply for. Please use blue or black ink to complete.

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: **Total Monthly Income includes income from a job, including full time, part time, or seasonal jobs or from self employment and includes bonuses, tips and commissions. It includes interest or dividends, rental income, retirement income or public assistance, as well as profit from self employment. It includes shared income, which is money from somebody else that is regularly deposited into your account or a joint account that person shares with you. If you are 21 or older, you may also include income from others if you can use that income to pay your bills. *Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

Applicant Information:

First Name: Murphy M.I. Last Name: Morrison

Home Address: Apt:

Phone: Name/Phone Billed Under:

Statement Mailing Address:
(If different than above)

Previous Address:
(If at current address less than 3 years)

Delivery Address:

Phone: Dept/Ext.:

Employer/Source of Income:
(If Yes, please provide the name of your company in the Employer/Source of Income field above)

Name of Spouse: Name of Spouse's Employer/Source of Income:

Suffix: 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

City: Fort Springs Apt: State: Zip Code: 71401

Other Phone: Length of Time at Address: 0 yrs

City: State: Zip Code: Length of Time:

E-Mail Address: By signing my E-mail address, I consent to receive E-mail communications about my Account.

Position: **Total Monthly Income:
City: State: Zip Code:

Length of Time at Employer: 0 yrs Previous Length of Time:

Joint Applicant Information:

First Name: M.I. Last Name:

Suffix: 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

Home Address:
(If different from primary applicant)

City: State: Zip Code: Length of Time:

Phone:

Social Security Number:

Date of Birth:

Driver's License #:

Employer/Source of Income:

Self-Employed? Y N

(If Yes, please provide the name of your company in the Employer/Source of Income field)

Phone:

Length of Time at Employer:

**Total Monthly Income:

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use an open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, you may combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any toll-free, toll or local dialing system and/or a pre-recorded message when contacted.

Applicant X

Date: 1/15

Joint Applicant: X

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant MURPHY MORMAN's KAY JEWELERS account identified by the account number [REDACTED] 1258.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$3,371.08, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.



Lawrence Schiavone

Subscribed and sworn to before me on this 8th day of October, 2018

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022



Alexandria Fisher
NOTARY PUBLIC

51797152
00281593

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

v.

CAUSE NO. _____

MURPHY MORMAN

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

MURPHY MORMAN

114 HALTON TERRACE, HOT SPRINGS AR 71901

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

GARLAND COUNTY CIRCUIT COURT
HOT SPRINGS, AR 71901

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281593

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V MURPHY MORMAN

Case Number: 26CV-19-129

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in cursive script that reads "Candace Muzny".



CANDACE MUZNY

Electronically signed by CRMUZNY on 2019-01-29 15:14:06 page 3 of 3

IN THE CIRCUIT COURT OF GRANT COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

NICHOLAS PONDER

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, NICHOLAS PONDER, is an adult resident of 5040 STAGECOACH RD, REDFIELD AR 72132.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

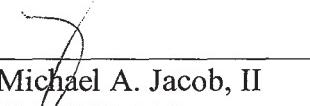
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$1,184.70

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$187.50
- TOTAL:** \$1,372.20
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281565

Page 1 of 2

1874100085



Customer Name Nicholas W Ponder
Account # 3XXXX7034

Questions? – Visit us at www.kay.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)
 P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,170.33
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$14.37
New Balance	\$1,184.70
Statement closing date	05/18/2016
Days in billing cycle	30

Payment Information

New Balance	\$1,184.70
Balance Payable To Avoid Further Interest Charges	\$1,184.70
Minimum Payment	\$70.00
Past Due	\$480.00
Total Due	\$550.00
Payment Due Date	06/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$35.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	20 MONTHS	\$1,342.17

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
05/18/2016	05/19/2016	Interest Charges	\$14.37
		TOTAL INTEREST FOR THIS PERIOD	\$14.37

2016 Totals Year To-Date

Total fees charged in 2016	\$96.82
Total interest charged in 2016	\$71.28



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx7034
New Balance	\$1,184.70
Due Date	06/13/2016
Total Due	\$550.00
Amount Enclosed	\$

70340005500000070001184704

Please make your check payable to KAY JEWELERS
 Payment mailing address is for remittance only

100085

KAY
JEWELERS
Every kiss begins with Kay.[®]
kay.com

KAY JEWELERS
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

#BWNCKTF
 # 1301657310790341 #
 Nicholas W Ponder
 311 N Main St
 Sheridan AR 72150-2125

PARK PLAZA MALL
6000 W. Markham St. Space 3116
LITTLE ROCK, AR 722050000

Date: 05/01/2015

Time: 20:53:13

Sales Slip ID: 48510

Cardholder: PONDER, NI
Account No: \$XXXXXX7034
Purchase Price: \$1775.04
Down Payment: \$0.00
Credit Plan: REG

Payment Protection Plan Rate: \$1.350 per \$100

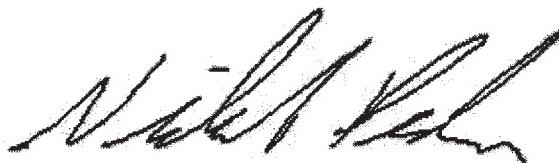
YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$1775.04

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.



PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan Insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance

X 

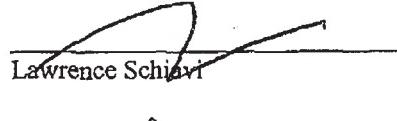
05/01/15
Date of Birth
Date

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant NICHOLAS PONDER's KAY JEWELERS account identified by the account number [REDACTED] 7034.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,184.70, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022

51745225
00281565

IN THE CIRCUIT COURT OF GRANT COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

NICHOLAS PONDER

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

NICHOLAS PONDER

5040 STAGECOACH RD, , REDFIELD AR 72132

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

GRANT COUNTY CIRCUIT COURT
SHERIDAN, AR 72150

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281565

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V NICHOLAS PONDER
Case Number: 27CV-19-10
Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature of "Kelly A. McAnally" next to a small circular official seal.

KELLY A MCANALLY

Electronically signed by KAMCANALLY on 2019-01-29 15:08:06 page 3 of 3

IN THE CIRCUIT COURT OF CRAIGHEAD COUNTY, ARKANSAS
WESTERN

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

RANDY ROBBINS

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, RANDY ROBBINS, is an adult resident of 918 E CRAIGHEAD FOREST RD, JONESBORO AR 72404.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1.	Principle and Accrued Interest:	\$1,386.82
2.	Attorney Fees in the amount of:	\$0.00
3.	Court Costs in the amount of:	\$187.50
	TOTAL:	\$1,574.32
4.	Additional Court Costs as they accrue	
5.	Post judgment interest.	

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00293188

Page 1 of 2

2215000331



Customer Name Randy Robbins
Account [REDACTED] 8617

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)

P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,863.69
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$23.13
New Balance	\$1,886.82
Statement closing date	11/24/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,886.82
Balance Payable To Avoid Further Interest Charges	\$1,886.82
Minimum Payment	\$110.00
Past Due	\$770.00
Total Due	\$880.00
Payment Due Date	12/19/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	20 MONTHS	\$2,142.03

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
11/24/2016	11/25/2016	Interest Charges	\$23.13
		TOTAL INTEREST FOR THIS PERIOD	\$23.13
2016 Totals Year To-Date			
Total fees charged in 2016			\$229.62
Total interest charged in 2016			\$257.00

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx8617
New Balance	\$1,886.82
Due Date	12/19/2016
Total Due	\$880.00
Amount Enclosed	\$ [REDACTED]

[REDACTED] 86170008800000110001886824



Please make your check payable to KAY JEWELERS
 Payment mailing address is for remittance only

000331

KAY
 JEWELERS
 Every kiss begins with Kay.[®]
 kay.com

KAY JEWELERS
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click here

#BNCKTF
 # 1311713125856179 #
 Randy Robbins
 918 E Craighead Forest Rd Apt
 S
 Jonesboro AR 72404-8308

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

THE MALL AT TURTLE CREEK
3000 . HIGHLAND DR. STE#119
JONESBORO, AR 724010000

Date: 11/23/2015

Time: 17:56:40

Sales Slip ID: 97630

Cardholder: ROBBINS, RA
Account No: XXXXXX8617
Purchase Price: \$1789.14
Down Payment: \$0.00
Credit Plan: REC

Payment Protection Plan Rate: \$1.110 per \$100

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$1789.14

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.



PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance



11/13/1994

11/23/15



16

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: **Total Monthly Income includes income from a job, including full time, part time, or seasonal jobs or from self employment and includes bonuses, tips and commissions. It includes interest or dividends, rental income, retirement income or public assistance, as well as profit from self employment. It includes shared income, which is money from somebody else that is regularly deposited into your account or a joint account that person shares with you. If you are 21 or older, you may also include income from others if you can use that income to pay your bills. *Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

First Name: <i>Randy</i>	M.I.: _____	Last Name: <i>Robbins</i>	Suffix: _____	1. Are you a U.S. Citizen? Y N
Home Address: _____	Apt: _____	City: <i>Lake City</i>	Other Phone: _____	2. Are you in the military? Y N
Phone: _____	Name Phone Billed Under: _____	State: <i>An</i>	Length of Time at Address: <i>20</i>	3. Do you have established credit? Y N

Statement Mailing Address:
(If different than above)

Previous Address:
(If current address less than 3 years)

City: _____ State: _____ Zip Code: _____ Length of Time: _____

Employer/*Source of Income:

E-Mail Address: _____ By providing my E-mail address, I consent to receive E-mail communications about my account.

Position: _____

**Total Monthly Income: _____

Employer Address:

City: *St. Louis* State: _____ Zip Code: _____

Self-Employed: Y N

(If Yes, please provide the name of your company in the Employer/Source of Income field above)

Previous Employer:

(If with current employer less than 1 year)

Previous Length of Time: _____

Nearest Relative Not Living With You:

Phone: _____

First Name:

M.I.

Last Name:

Suffix:

1. Are you a U.S. Citizen? Y N

2. Are you in the military? Y N

3. Do you have established credit? Y N

Home Address:

(If different from primary applicant)

City: _____

State: _____

Zip Code: _____

Length of Time: _____

Phone: _____

Social Security Number:

Date of Birth: _____

Driver's License #: _____

Employer/*Source of Income:

Self-Employed? Y N

(If Yes, please provide the name of your Company in the Employer/Source of Income field)

Phone: _____

Length of Time at Employer:

**Total Monthly Income: _____

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use an open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual account, you may combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse: _____

Address of Spouse: _____

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a pre-recorded message when contacted.

Applicant: *[Signature]*

Date: *4/1-23* Joint Applicant: X

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant RANDY ROBBINS's KAY JEWELERS account identified by the account number [REDACTED] 8617.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,386.82, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51900648
00293188

IN THE CIRCUIT COURT OF CRAIGHEAD COUNTY, ARKANSAS
WESTERN

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

RANDY ROBBINS

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

RANDY ROBBINS

918 E CRAIGHEAD FOREST RD., JONESBORO AR 72404

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

CRAIGHEAD COUNTY CIRCUIT COURT
JONESBORO, AR 72403

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00293188

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES V RANDY ROBBINS

Case Number: 16JCV-19-94

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in black ink that reads "Sharron L. Ussery".



Sharron Ussery, Deputy Clerk

Electronically signed by SLUSSERY on 2019-01-30 09:20:44 page 3 of 3

IN THE CIRCUIT COURT OF HOT SPRINGS COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

RANDY STINSON

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, RANDY STINSON, is an adult resident of 1017 SULPHUR SPRINGS RD,, Malvern AR 72104.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

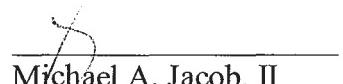
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$1,026.85

- | | | |
|----|---------------------------------------|-------------------|
| 2. | Attorney Fees in the amount of: | \$0.00 |
| 3. | Court Costs in the amount of: | \$187.50 |
| | TOTAL: | \$1,214.35 |
| 4. | Additional Court Costs as they accrue | |
| 5. | Post judgment interest. | |

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281558

Page 1 of 2



Customer Name Randy Stinson
Account # 000053608

Questions? – Visit us at www.kay.com

**Please send billing inquiries and correspondence to:
(do not send payments to this address)**
P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity	
Previous Balance	\$1,016.63
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$10.22
New Balance	\$1,026.85
Statement closing date	05/18/2016
Days in billing cycle	30

Payment Information

New Balance	\$1,026.85
Balance Payable To Avoid Further Interest Charges	\$1,026.85
Minimum Payment	\$135.00
Past Due	\$840.00
Total Due	\$975.00
Payment Due Date	06/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$35.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	8 MONTHS	\$1,077.99

If you would like information about credit counseling services, call
1-866-477-6322

Your Transactions

Interest Charged			
Trans Date	Post Date	Description	Amount
05/18/2016	05/19/2016	Interest Charges	\$10.22
		TOTAL INTEREST FOR THIS PERIOD	\$10.22
2016 Totals Year To Date			
		Total fees charged in 2016	\$100.08
		Total interest charged in 2016	\$235.45



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx3608
New Balance	\$1,026.85
Due Date	06/13/2016
Total Due	\$975.00
Amount Enclosed	\$

[REDACTED] 360800092500000135001026855

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000422

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click here

#BWNCKTF
1301652915396081 #
Randy Stinson
138 Morning Star Lane
Hot Springs AR 71901-9535

Address or Employment Change? Check Box and complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

KAY JEWELERS #2328

HOT SPRINGS MALL

4501 CENTRAL AVE. SUITE 155

HOT SPRINGS, AR 719130000

Date: 12/24/2014

Time: 09:05:41

Sales Slip ID: 68646

Cardholder: STINSON, RA
Account No: Xxxxxxx3608
Purchase Price: \$3481.10
Down Payment: \$1900.00
Credit Plan: IF45

Payment Protection Plan Rate: \$1.350 per \$100

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS PROVIDED THEY ARE IN ORIGINAL CONDITION (UNWORN AND UNALTERED) AND ACCCOMPANIED BY THE ORIGINAL PACKAGING, INSTRUCTIONS AND WARRANTY DOCUMENTS. CUSTOM DESIGNED MERCHANDISE, CLASS RINGS, SPECIAL ORDERED WATCHES AND ITEMS ENGRAVED WITH PERSONALIZED INFORMATION CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED THROUGH THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$1581.10

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.

PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance

X	
09/18/79	12/24/14
Date of Birth	Date

SReygadas001302
KAY KAY
 JEWELERS
 OUTLET
 Kay.com

16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit. *

Applicant Information:

First Name: Randall M.I. Last Name: Stinson
 Home Address: _____ Apt: _____
 Phone: _____

Suffix: _____ City: HS State: AZ Zip Code: 71901
 Other Phone: () Length of Time: 1y 6m

1. Are you a U.S. Citizen? Y N
 2. Are you in the military? Y N
 3. Do you have established credit? Y N

Statement Mailing Address:
 (If different than above)

Previous Address:
 (If at current address less than 3 years)

City: Malvern State: PA Zip Code: 72104 Length of Time: 6yrs

Driver's License #:

E-Mail Address: _____

By providing my E-mail address, I consent to receive E-mail communications about my Account.

*Employer:

Position: _____

Self-Employed? Y N

Previous Employer:

City: _____

State: _____ Zip Code: _____

(If with current employer less than 1 year)

Gross Monthly Income: _____

Length of Time: _____

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

Previous Length of Time: _____

Nearest Relative Not Living With You:

State of Residence:

AZ

Phone: _____

Joint Applicant Information:

First Name: _____ M.I. _____ Last Name: _____

Suffix: _____ 1. Are you a U.S. Citizen? Y N
 2. Are you in the military? Y N
 3. Do you have established credit? Y N

Home Address:
 (If different from primary applicant)

City: _____ State: _____ Zip Code: _____ Length of Time: _____

Phone: _____

Social Security Number: _____

Date of Birth: _____

Driver's License #: _____

Employer Name and Address:

Self-Employed? Y N

Phone: _____

Gross Monthly Income: _____

Length of Time: _____

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation: _____

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc., or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information.

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan, and 2) the use of any automatic telephone dialing system and/or a pre-recorded message when contacted.

Applicant: X

Date: _____

Joint Applicant: X

0300-13S-0000 (R-10/14) 058127

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant RANDY STINSON's KAY JEWELERS account identified by the account number 3 [REDACTED] 3608.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,026 85, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.



Lawrence Schiavone

Subscribed and sworn to before me on this 8th day of October, 2018.



Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022

51743460
00281558

IN THE CIRCUIT COURT OF HOT SPRINGS COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

RANDY STINSON

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

RANDY STINSON

1017 SULPHUR SPRINGS RD., , Malvern AR 72104

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

HOT SPRINGS COUNTY CIRCUIT COURT
MALVERN, AR 72104

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281558

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V RANDY STINSON
Case Number: 30CV-19-21
Type: SUMMONS - FILER PREPARED

So Ordered



A handwritten signature of "Lori Burks" is placed over a circular official seal. The seal is for the "COURT OF APPEALS" and specifically for "HOT SPRING COUNTY". It features a central emblem and the text "COURT OF APPEALS" at the top and "HOT SPRING COUNTY" at the bottom.

LORI BURKS

Electronically signed by LABURKS on 2019-01-29 14:48:56 page 3 of 3

ELECTRONICALLY FILED
Garland County Circuit Court
Jeannie Pike, Garland Co. Circuit Court Clerk
2019-Jan-29 15:51:50
26CV-19-131
C18ED03 : 5 Pages

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

RICHARD WEBB

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, RICHARD WEBB, is an adult resident of 814 SUMMERS ST, HOT SPRINGS AR 71913.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

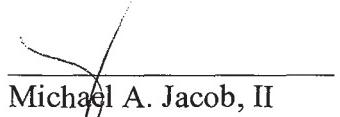
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$3,548.00

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$187.50
- TOTAL:** \$3,735.50
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00288608

SReygadas001309

Page 1 of 2

2328000381

**Customer Name** Richard Webb**Account #** 3953Questions? - Visit us at www.kay.com**Please send billing inquiries and correspondence to:**
(do not send payments to this address)P.O. Box 3680
Akron, OH 44309-3680**Summary of Account Activity**

Previous Balance	\$3,507.79
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$40.21
New Balance	\$3,548.00
Statement closing date	09/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$3,548.00
Balance Payable To Avoid Further Interest Charges	\$3,548.00
Minimum Payment	\$145.00
Past Due	\$1,445.00
Total Due	\$1,590.00
Payment Due Date	10/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.**Minimum Payment Warning:** If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	30 MONTHS	\$4,311.20

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions**Interest Charged**

Trans Date	Post Date	Description	Amount
09/18/2016	09/19/2016	Interest Charges	\$40.21
		TOTAL INTEREST FOR THIS PERIOD	\$40.21
2016 Totals Year To-Date			
			\$509.90
			\$355.06



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx3953
New Balance	\$3,548.00
Due Date	10/13/2016
Total Due	\$1,590.00
Amount Enclosed	\$

39530015900000145003548007

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000381

KAY
JEWELERS
Every kiss begins with Kay.[®]
kay.com

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click hereAddress or Employment
Change? Check Box and
complete Reverse SidePayment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

#BWNCKTF
1301696814399530 #
Richard Webb
814 Summers St
Hot Springs AR 71913-4234

SKeygadas001340
STERLING JEWELERS
OUTLET
KAYJEWELERS.COM

16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.***Applicant Information:**

First Name: Richard M.I.: Last Name: Weber

Home Address: (Name Home Birth Order: 1)Statement Mailing Address:
(If different than above)Previous Address:
(If at current address less than 3 years)

Employer Address:

Employer Address:

Dept/Ext.: ()Previous Employer:
(If with current employer less than 1 year)

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

State of Residence: KR**Joint Applicant Information:**First Name: M.I.: Last Name: Home Address:
(If different from primary applicant)Phone: () Social Security Number:

Employer Name and Address:

Phone: ()Gross Monthly Income: Length of Time:

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

Suffix: 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y NCity: State: Zip Code: Length of Time: Date of Birth:

Driver's License #:

Self-Employed? Y N

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.**In addition, I consent to 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of 2nd line telephone dialing system and/or a pre-recorded message when contacted.**Applicant: XDate: 7/15/18

Joint Applicant: X

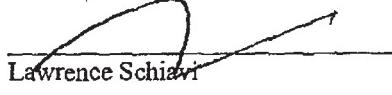
0300-13S-0000 (R: 10/14) 058127

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant RICHARD WEBB's KAY JEWELERS account identified by the account number [REDACTED]3953.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$3,548.00, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavari

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51852012
00288608

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

v.

CAUSE NO. _____

RICHARD WEBB

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

RICHARD WEBB

814 SUMMERS ST., HOT SPRINGS AR 71913

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

GARLAND COUNTY CIRCUIT COURT
HOT SPRINGS, AR 71901

[Signature of Clerk or Deputy Clerk]

[SEAL]

Date: _____

00288608

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V RICHARD WEBB
Case Number: 26CV-19-131
Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in cursive script that reads "Candace Muzny".



CANDACE MUZNY

Electronically signed by CRMUZNY on 2019-01-29 15:57:09 page 3 of 3

IN THE CIRCUIT COURT OF GARLAND COUNTY
STATE OF ARKANSAS

DNF Associates LLC

vs.
RICHARD WEBB

Plaintiff/Petitioner

Defendant/Respondent

Cause No.: **26CV-19-131**

Hearing Date:

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **RICHARD WEBB**

- I personally delivered the **Summons; Complaint** to the individual at _____ [place] on _____ [date]; or
- I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or
- I left the **Summons; Complaint** with **Tasha Smith**, a member of the defendant's family at least 18 years of age, at **1123 BURCHWOOD BAY RD, HOT SPRINGS NATIONAL PARK, Garland County, AR 71913**, a place where the defendant resides, on **1st day of March, 2019**; or
- I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.
- Other [specify]: _____
- I was unable to execute service at _____ [place]: _____

My fee is \$: **\$ 65.00**



To be completed if service is by a sheriff or deputy sheriff:

Date: _____ SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

_____ [Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 6 day of March, 20 19



Rhonda Fletcher, Reg. # N/A, Garland County Circuit Court

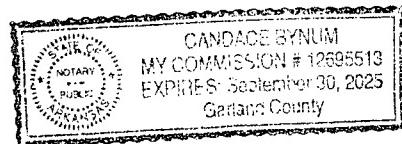
Subscribed and Sworn to before me this 11th day of March, 20 19.



NOTARY PUBLIC in and for the State of Arkansas

Residing at: _____

My commission expires 01/30/25



Additional information regarding service or attempted service:

Tasha Smith, SIBLING, CO-RESIDENT, who accepted service, with identity confirmed by subject stating their name, a white female approx. 25-35 years of age, 5'6"-5'8" tall, weighing 160-180 lbs with blonde hair.



FILED

JAN 29 2019
11:30 AM

LESLIE MASON
CIRCUIT CLERK

PLAINTIFF

IN THE CIRCUIT COURT OF MISSISSIPPI COUNTY, ARKANSAS

DNF Associates LLC

V.

CAUSE NO. 41BCV-19-18 (TA)

ROBERT SIMS

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, ROBERT SIMS, is an adult resident of 606 N BOSTON ST #77, Manila AR 72442.

II.

Plaintiff, holds in due course a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

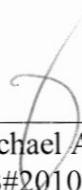
IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1.	Principle and Accrued Interest:	\$1,301.90
2.	Attorney Fees in the amount of:	\$0.00
3.	Court Costs in the amount of:	\$167.50
	TOTAL:	\$1,469.40
4.	Additional Court Costs as they accrue	
5.	Post judgment interest.	

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281582

Kreygadas 001319

16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.*

Applicant Information:

First Name: Robert M.I.: Last Name: Sims
Home Address: 1608 Sundown Dr.
Phone: _____

Apt: Suffix: 1. Are you a U.S. Citizen? Y N
City: Farke 2. Are you in the military? Y N
Other Phone: () State: AR 3. Do you have established credit? Y N
Zip Code: 77331 Length of Time:

Statement Mailing Address:
(if different than above)

Previous Address:
(if at current address less than 3 years)

City: State: Zip Code: Length of Time:
E-Mail Address: By providing my E-mail address, I consent to receive E-mail communications about my Account.

Driver's License #:

Position: Self-Employed? Y N

Date of Birth: _____

City: State: Zip Code:
Gross Monthly Income: Length of Time:

Employer:

Employer Address: _____

Phone: _____ Dept/Ext.: _____

Previous Employer:
(if with current employer less than 1 year)

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

Nearest Relative Not Living With You:

State of Residence:

Phone: _____

Joint Applicant Information:

First Name: M.I. Last Name: _____

Suffix: 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

Home Address:
(if different from primary applicant)

City: State: Zip Code: Length of Time:
Date of Birth: Driver's License #:

Phone: _____

Social Security Number: _____

Employer Name and Address: _____

Phone: _____

Gross Monthly Income: _____

Length of Time: _____

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation: _____

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL, UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of my automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant: X

Date 9-15-15 Joint Applicant: X

0300-13S-0000 (R. 10/14) 058127

JAN 29 2019

LESLIE MASON
CIRCUIT CLERK

Page 1 of 2

2215100050



Customer Name Robert Sims
Account # [REDACTED] 4038

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,287.03
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$14.87
New Balance	\$1,301.90
Statement closing date	06/24/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,301.90
Balance Payable To Avoid Further Interest Charges	\$1,301.90
Minimum Payment	\$80.00
Past Due	\$420.00
Total Due	\$500.00
Payment Due Date	07/19/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	19 MONTHS	\$1,466.70

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount				
06/24/2016	06/25/2016	Interest Charges	\$14.87				
TOTAL INTEREST FOR THIS PERIOD							
2016 Totals Year To-Date							
<table border="1"> <tr> <td>Total fees charged in 2016</td> <td>\$170.43</td> </tr> <tr> <td>Total interest charged in 2016</td> <td>\$87.95</td> </tr> </table>				Total fees charged in 2016	\$170.43	Total interest charged in 2016	\$87.95
Total fees charged in 2016	\$170.43						
Total interest charged in 2016	\$87.95						

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT



Account #	xxxxxx4038
New Balance	\$1,301.90
Due Date	07/19/2016
Total Due	\$500.00
Amount Enclosed	\$

[REDACTED] 40380005000000080001301900

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

100050

KAY
JEWELERS
Every kiss begins with Kay.
kay.com

#BNCKTF
1301761227450385 #
Robert Sims
606 N Boston Apt 77
Manilla AR 72442

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

KAY JEWELERS #2215

THE MALL AT TURTLE CREEK
3000 . HIGHLAND DR. STE#119
JONESBORO, AR 724010000

Date: 09/18/2015

Time: 16:06:22

Sales Slip ID: 96344

Cardholder: SIMS, RO
Account No: XXXXXX4038
Purchase Price: \$1084.99
Down Payment: \$0.00
Credit Plan: REG

Payment Protection Plan Rate: \$1.350 per \$100

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$1084.99

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.



PAYMENT PROTECTION PLAN

By electing optional Payment ProtectionPlan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my stateas described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance

X

06/29/1989

09/18/15

Date of Birth

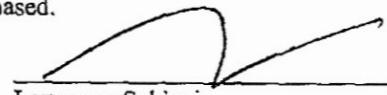
Date

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

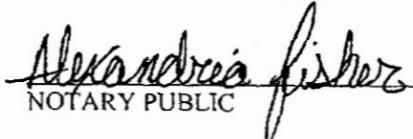
The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit.

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNP Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant ROBERT SIMS's KAY JEWELERS account identified by the account number 4038.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,301.90, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.



Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.



Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51753320
00281582

IN THE CIRCUIT COURT OF MISSISSIPPI COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

v.

CAUSE NO. 47BCV-19-18

(TA)

ROBERT SIMS

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

ROBERT SIMS

606 N BOSTON ST #77, Manila AR 72442

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

MISSISSIPPI COUNTY CIRCUIT COURT
BLYTHEVILLE, AR 72316

Leslie Mason, Circuit Clerk

Anita Moore
[Signature of Clerk or Deputy Clerk]

[SEAL]



Date: 1-29-2019

11:30 AM

00281582

FILED

MAR 19 2019
9:00AM
LESLIE MASON
CIRCUIT CLERK

IN THE CIRCUIT COURT OF MISSISSIPPI COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: 47BCV-19-18

vs.
ROBERT SIMS

Defendant/Respondent

Hearing Date:

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **ROBERT SIMS**

- I personally delivered the **Summons; Complaint** to **ROBERT SIMS** at **5661 N County Road 917, Blytheville, Mississippi County, AR 72315-7426** on **5th day of March, 2019**; or
- I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or
- I left the **Summons; Complaint** with _____ [name], a member of the defendant's family at least 18 years of age, at _____ [address], a place where the defendant resides, on _____ [date]; or
- I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.
- Other [specify]: _____
- I was unable to execute service at _____ [place] :

My fee is \$: **\$ 65.00**

REF: 00281582

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE



Tracking #: 0034054822



To be completed if service is by a sheriff or deputy sheriff:

Date: _____ SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

_____ [Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 7 day of March, 2019.

Mauri Lee Cole, Reg. # 2014R-02637, Clay County

Subscribed and Sworn to before me this 7 day of March, 2019.

Deana G. Freeman

NOTARY PUBLIC in and for the State of Arkansas

Residing at: _____

My commission expires 11-26-23



Additional information regarding service or attempted service:

ROBERT SIMS, Who accepted service, with identity confirmed by subject stating their name, a white male approx. 55-65 years of age, 5'6"-5'8" tall, weighing 120-140 lbs with gray hair with an accent. The serving indicates the subject is 38 but the resident that identified himself as Robert Sims was older..



ELECTRONICALLY FILED
Faulkner County Circuit Court
Crystal Taylor, Circuit Clerk
2019-Jan-29 13:36:46
23CV-19-111
C20D01 : 5 Pages

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

SALAMATOU DIOFFO

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, SALAMATOU DIOFFO, is an adult resident of 201 DONAGHEY AVE, CONWAY AR 72035.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$1,456.08

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$187.50
- TOTAL:** **\$1,643.58**
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281561

Page 1 of 2

1874000055



Customer Name **Salamatou Dioffo I**
 Account # **13747**

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)

P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,450.12
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$5.96
New Balance	\$1,456.08
Statement closing date	05/18/2016
Days in billing cycle	30

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
05/18/2016	05/19/2016	Interest Charges	\$5.96
		TOTAL INTEREST FOR THIS PERIOD	\$5.96
2016 Totals Year To-Date			
Total fees charged in 2016		\$77.65	
Total interest charged in 2016		\$29.92	

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT



Account #	xxxxxx3747
New Balance	\$1,456.08
Due Date	06/13/2016
Total Due	\$1,212.00
Amount Enclosed	\$

37470012120000126001456088

Please make your check payable to KAY JEWELERS
 Payment mailing address is for remittance only

000055



KAY JEWELERS
 P.O.Box 740425
 Cincinnati OH 45274-0425

[To review important notices, click here](#)

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

#BWNCKTF
 # 13011515397474 #
 Salamatou Dioffo I
 1965 Robins St Apt A
 Conway AR 72034-6246

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only ap will be permitted to use the account, but both will be and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.*

Applicant Information:

Name: Salamator Dicoff	Apt: A	City: Conway	State: AK	Zip Code: 72032
Home Address: [REDACTED]	Name Phone Billed Under: [REDACTED]	Other Phone: ()	Length of Time: 6 months	
Current Mailing Address: (If different than above)				
Previous Address: (If at current address less than 1 year)	City: Conway State: AK Zip Code: 72034 Length of Time: 2 yrs			
Employer: [REDACTED]	Position: [REDACTED]		Self-Employed? Y N	
Employer Address: [REDACTED]	City: [REDACTED]		State: [REDACTED]	Zip Code: [REDACTED]
Home: [REDACTED] Dept/Ext.: [REDACTED]	Gross Monthly Salary: [REDACTED]		Length of Time: 2 years	
Previous Employer: (If with current employer less than 1 year)	Previous Length of Time: [REDACTED]			
Other Income Amount: [REDACTED]		Source: [REDACTED]		
Nearest Relative Not Living With You: [REDACTED]	State of Residence: AK		Phone: [REDACTED]	

Joint Applicant Information:

Name: [REDACTED]	1. Are you a U.S. Citizen? Y N 2. Are you in the military? Y N 3. Do you have established credit? Y N			
Home Address: [REDACTED] (If different from primary applicant)	City: [REDACTED]	State: [REDACTED]	Zip Code: [REDACTED]	Length of Time: [REDACTED]
Home: [REDACTED]	Social Security Number: [REDACTED] Date of Birth: [REDACTED] Driver's License #: [REDACTED]			
Employer Name and Address: [REDACTED]		Self-Employed? Y N		
Home: [REDACTED]	Gross Monthly Salary: [REDACTED]		Length of Time: [REDACTED]	
Other Income Amount: [REDACTED]		Source: [REDACTED]		

The information furnished on this application is complete and accurate, to the best of my knowledge. You may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, extension of credit, or collection of the account. Upon request, I will be told whether or not a consumer report was requested and told the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44339-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit application is submitted, applicant may be liable for all amounts of credit extended under this Account to any Joint Applicant. Ohio Residents: THE CROWN LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing less than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 765.59 Wis. Stats., or court decree under Sec. 766.72 Wis. Stats. will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:
Name of Spouse: **[REDACTED]** Address of Spouse: **[REDACTED]**

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS RETAIL INSTALLMENT CREDIT AGREEMENT, TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

Applicant: **X** **Salamator**

Date: **11-06-09**

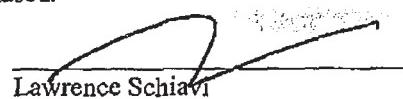
Joint Applicant: **X**

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant SALAMATOU DIOFFO's KAY JEWELERS account identified by the account number [REDACTED] 3747.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,456.08, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified in Erie County
My Commission Expires 08-27-2022

51743900
00281561

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

SALAMATOU DIOFFO

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

SALAMATOU DIOFFO

201 DONAGHEY AVE, , CONWAY AR 72035

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

FAULKNER COUNTY CIRCUIT COURT
CONWAY, AR 72034

[Signature of Clerk or Deputy Clerk]

[SEAL]

Date: _____

00281561

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V SALAMATOU DIOFFO
Case Number: 23CV-19-111
Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in blue ink that appears to read "J. Wiggs".



J.WIGGS

Electronically signed by JLWIGGS on 2019-01-29 15:01:16 page 3 of 3

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

SANTANA HOOD

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, SANTANA HOOD, is an adult resident of 688 ELKHORN LOOP, HOT SPRINGS AR 71913.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

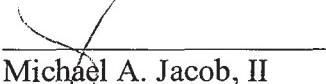
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$1,486.04

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$187.50
- TOTAL:** **\$1,673.54**
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00288606

SReygadas001336

Page 1 of 2



Customer Name Santana M Hood
Account # 000009827

Questions? – Visit us at www.kay.com

**Please send billing inquiries and correspondence to:
(do not send payments to this address)**

P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,470.36
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$15.68
New Balance	\$1,486.04
Statement closing date	09/18/2016
Days in billing cycle	31

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
09/18/2016	09/19/2016	Interest Charges	\$15.68
		TOTAL INTEREST FOR THIS PERIOD	\$15.68
2016 Totals Year To Date			
		Total fees charged in 2016	\$326.57
		Total interest charged in 2016	\$141.46

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx9827
New Balance	\$1,486.04
Due Date	10/13/2016
Total Due	\$520.00
Amount Enclosed	\$

982?0005200000095001486040

Please make your check payable to KAY JEWELERS
Payment mailing address is for remittance only

000007

KAY JEWELERS
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click here

#BNWCKTF
1881088888279 #
Santana M Hood
688 Elkhorn Loop
Hot Springs AR 71913-6677

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

<input type="checkbox"/> INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.	<input type="checkbox"/> JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.	<input type="checkbox"/> CO-SIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.
---	--	---

NOTICE: *Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

Name: Santana M. Hood	1. Are you a U.S. Citizen? Y N 2. Are you in the military? Y N 3. Do you have established credit? Y N
------------------------------	---

Home Address:	City: HSV	State: ARK	Zip Code: 71902
---------------	-----------	------------	-----------------

Phone: [REDACTED]	Name Phone Billed Under: At my w.h., C.R.	Other Phone: ()	Rent/Buy/Other:	Length of Time: 3 yr
-------------------	---	------------------	-----------------	----------------------

Statement Mailing Address: (If different than above)	[REDACTED]
---	------------

Previous Address: (If at current address less than 3 years)	City:	State:	Zip Code:	Length of Time:
--	-------	--------	-----------	-----------------

[REDACTED]	DOB:	E-Mail Address:
------------	------	-----------------

Nearest Relative Not Living With You:	State of Residence: ARK	Phone: [REDACTED]
---------------------------------------	-------------------------	-------------------

Employer: [REDACTED]	Position: [REDACTED]	Self-Employed? <input checked="" type="checkbox"/>
----------------------	----------------------	--

Address: [REDACTED]	City: HSV	State: ARK	Zip Code: 71909
---------------------	-----------	------------	-----------------

Phone: [REDACTED]	Gross Monthly Salary: [REDACTED]	Length of Time: 3 yrs.
-------------------	----------------------------------	------------------------

Previous Employer: (If with current employer less than 1 year)	Prev. Length of Time:
---	-----------------------

*Other Income Amount:	Source:
-----------------------	---------

Name: [REDACTED]	Rent/Buy/Other:	Are you a U.S. Citizen? Y N
------------------	-----------------	--------------------------------

Home Address: (If different from primary applicant)	City:	State:	Zip Code:	Length of Time:
--	-------	--------	-----------	-----------------

Phone: ()	SSN:	DOB:	DL#:
------------	------	------	------

Employer Name and Address: [REDACTED]	Self-Employed? <input checked="" type="checkbox"/>
---------------------------------------	--

Phone: ()	Gross Monthly Salary: [REDACTED]	Length of Time:
------------	----------------------------------	-----------------

*Other Income Amount:	Source:
-----------------------	---------

You may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, extension or cancellation of the account. Upon request, I will be told whether or not a consumer report was requested and, if such a report was requested, I will be told the name and address of the reporting agency that furnished that report. (TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO US AT P.O. BOX 3680, AKRON, OH 44309-3680). STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval applicant may be liable for all amounts of credit extended under this Account to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: If you have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree we have actual knowledge of its terms, before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse: _____ Address of Spouse: _____

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE JEWELERS RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

Applicant: X Santana Hood	Date: 10/13/18	Joint Applicant: X
edit Line: 300-	Account Number: [REDACTED] 9827	0300-13S-0000 (R:08/05) 680891

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant SANTANA HOOD's KAY JEWELERS account identified by the account number ~~61028~~ 9827.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,486.04, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.



Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.



Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01FI637990
Qualified In Erie County
My Commission Expires 08-27-2022

51855945
00288606

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

SANTANA HOOD

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

SANTANA HOOD

688 ELKHORN LOOP, , HOT SPRINGS AR 71913

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

GARLAND COUNTY CIRCUIT COURT
HOT SPRINGS, AR 71901

[Signature of Clerk or Deputy Clerk]

[SEAL]

Date: _____

00288606

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

_____ Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V SANTANA HOOD
Case Number: 26CV-19-130
Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in cursive script that reads "Candace Muzny".



CANDACE MUZNY

Electronically signed by CRMUZNY on 2019-01-29 15:25:07 page 3 of 3

ELECTRONICALLY FILED
Faulkner County Circuit Court
Crystal Taylor, Circuit Clerk
2019-Jan-29 17:01:41
23CV-19-122
C20D03 : 5 Pages

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

SHANNAN L PRUITT

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, SHANNAN L PRUITT, is an adult resident of 1321 sunset drive, conway AR 72034.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

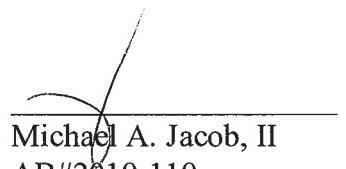
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$2,141.37

- 2. Attorney Fees in the amount of: \$.00
- 3. Court Costs in the amount of: \$187.50
- TOTAL:** \$2,328.87
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00293189

SReygadas001344

KAY KAY
JEWELERS AND
OUTLET
kayoutlet.com

16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.*

Applicant Information:

First Name:

Shannon

M.I.

L

Last Name:

Griffith

Home Address:

[REDACTED]

Name Phone Billed Under:

Statement Mailing Address:
(If different than above)

Previous Address:
(If at current address)

Or:

Employer Address:

3905 Eckhart DR

Phone:

Dept/Ext.:

Previous Employer:
(If with current employer less than 1 year)

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

Next of Relative:

State of Residence:

AR

Joint Applicant Information:

First Name:

M.I.

Last Name:

Home Address:
(If different from primary applicant)

Phone:

()

Social Security Number:

Employer Name and Address:

Phone:

()

Gross Monthly Income:

Length of Time:

Suffix: 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

City:

State:

Zip Code:

Length of Time:

Date of Birth: State: Zip Code: Length of Time:

Driver's License #:

Self-Employed? Y N

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual Account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of my "Do Not Call" dialing system and/or a pre-recorded message when contacted.

Applicant: X

6-9-15

Joint Applicant: X

0300-13S-0000 (R: 10/14) 058127

Page 1 of 2

0329000215



Customer Name Shannan L Pruitt
Account # 2184

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)
 P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$2,008.65
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$25.58
New Balance	\$2,034.23
Statement closing date	10/02/2017
Days in billing cycle	30

Payment Information

New Balance	\$2,034.23
Balance Payable To Avoid Further Interest Charges	\$2,034.23
Minimum Payment	\$125.00
Past Due	\$625.00
Total Due	\$750.00
Payment Due Date	10/27/2017

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	19 MONTHS	\$2,291.76

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
10/02/2017	10/03/2017	Interest Charges	\$25.58
		TOTAL INTEREST FOR THIS PERIOD	\$25.58
2017 Totals Year To-Date			
			Total fees charged in 2017 \$101.00
			Total interest charged in 2017 \$226.66



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx2184
New Balance	\$2,034.23
Due Date	10/27/2017
Total Due	\$750.00
Amount Enclosed	\$

21840007500000125002034232

Please make your check payable to KAY JEWELERS
 Payment mailing address is for remittance only

000215

KAY[®]
JEWELERS
Every kiss begins with Kay.[®]
kay.com

KAY JEWELERS
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

#BWNCKTF
 # 1311608406231847 #
 Shannan L Pruitt
 318 County Rd 783
 Jonesboro AR 72401

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant SHANNAN L PRUITT's KAY JEWELERS account identified by the account number [REDACTED]
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$2,141.37, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.

Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.

Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

52165195
00293189

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

SHANNAN L PRUITT

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

SHANNAN L PRUITT

1321 sunset drive, , conway AR 72034

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

FAULKNER COUNTY CIRCUIT COURT
CONWAY, AR 72034

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00293189

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V SHANNAN L PRUITT
Case Number: 23CV-19-122
Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in blue ink that appears to read "J. Wiggs".



J.WIGGS

Electronically signed by JLWIGGS on 2019-01-30 08:50:53 page 3 of 3

ELECTRONICALLY FILED
Faulkner County Circuit Court
Crystal Taylor, Circuit Clerk
2019-Mar-23 16:56:14
23CV-19-122
C20D03 : 2 Pages

IN THE CIRCUIT COURT OF FAULKNER COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: **23CV-19-122**

Hearing Date:

VS.
SHANNAN L PRUITT

Defendant/Respondent

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **SHANNAN L PRUITT**

- I personally delivered the **Summons; Complaint** to **SHANNAN L PRUITT** at **1321 sunset drive, conway, Faulkner County, AR 72034** on **4th day of March, 2019**; or
- I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or
- I left the **Summons; Complaint** with _____ [name], a member of the defendant's family at least 18 years of age, at _____ [address], a place where the defendant resides, on _____ [date]; or
- I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.
- Other [specify]: _____
- I was unable to execute service at _____
[place] :

My fee is \$: **\$ 65.00**

REF: **00293189**

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE



Tracking #: **0034026018**



To be completed if service is by a sheriff or deputy sheriff:

Date: _____ SHERIFF OF _____ COUNTY, ARKANSAS

By: _____

[Signature of server]

_____ [Printed name, title, and badge number]

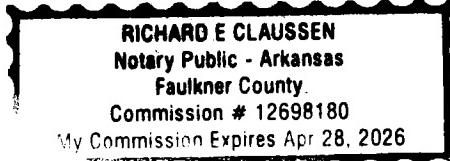
To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 5th day of March, 2019.

Curtis Lee
Curtis Lee, Reg. # LS-18-9, Circuit Court of Faulkner County

Subscribed and Sworn to before me this 5th day of March, 2019.

Richard E. Claussen
NOTARY PUBLIC in and for the State of Arkansas
Residing at: 2590 Donaghey Ave., Conway, AR
My commission expires 4-28-2026



Additional information regarding service or attempted service:

SHANNAN L PRUITT, Who accepted service, with identity confirmed by subject stating their name, a white female approx. 45-55 years of age, 5'6"-5'8" tall, weighing 180-200 lbs with brown hair.



IN THE CIRCUIT COURT OF HOT SPRINGS COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

SHIRLEY MCADOO

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, SHIRLEY MCADOO, is an adult resident of 317 OVERMAN ST, MALVERN AR 72104.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$1,024.18

- 2. Attorney Fees in the amount of: \$.00
- 3. Court Costs in the amount of: \$187.50
- TOTAL: \$1,211.68**
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00288612

Page 1 of 2

2328000595



Customer Name Shirley A McAdoo
 Account # ~~31680~~

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)
 P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,011.90
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$12.28
New Balance	\$1,024.18
Statement closing date	08/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,024.18
Balance Payable To Avoid Further Interest Charges	\$1,024.18
Minimum Payment	\$60.00
Past Due	\$420.00
Total Due	\$480.00
Payment Due Date	09/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	20 MONTHS	\$1,161.79

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
08/18/2016	08/19/2016	Interest Charges	\$12.28
		TOTAL INTEREST FOR THIS PERIOD	\$12.28
2016 Totals Year To-Date			
Total fees charged in 2016			\$94.14
Total interest charged in 2016			\$97.25

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT



Account #	xxxxxx1680
New Balance	\$1,024.18
Due Date	09/13/2016
Total Due	\$480.00
Amount Enclosed	\$

~~20200016800004800000060001024185~~

Please make your check payable to KAY JEWELERS
 Payment mailing address is for remittance only

000595



KAY JEWELERS
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

#BWNCKTF
 # 1301784215196802 #
 Shirley A McAdoo
 317 Overman St
 Malvern AR 72104-4061



Self / One Type of Account

INDIVIDUAL ACCOUNT In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account

JOINT ACCOUNT Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below

CO-SIGNED ACCOUNT Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments

NOTICE **Total Monthly income includes income from a job, including full time, part time or seasonal jobs or from self employment and includes bonuses, tips and commissions. It includes interest or dividends, rental income, retirement income or public assistance, as well as profit from self employment. It includes shared income which is money from somebody else that is regularly deposited into your account or a joint account that person shares with you. If you are 21 or older, you may also include income from others if you can use that income to pay your bills. *Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

First Name	M I	Last Name	Suffix	1 Are you a U.S. Citizen? Y N
Shirley A			Maladoo	2 Are you in the military? Y N
Home Address	Apt	City	State	Zip Code
Malvern				
Other Phone	()	Length of Time at Address		
55 yrs				
Statement Mailing Address (If different than above)				
Previous Address (If at current address less than 3 years)				
City State Zip Code Length of Time				
Employer/Source of Income Position E Mail Address By providing my E-mail address, I consent to receive E-mail communications about my Account				
**Total Monthly Income 2000 200				
Employer Address City State Zip Code				
Dept/Ext Length of Time at Employer 27 yrs Previous Length of Time				
Self Employed Y N Previous Employer (If with current employer less than 1 year)				
Nearest Relative Not Living With You State of Residence RR Phone				

Joint Applicants Information	
First Name M I Last Name Suffix	1 Are you a U.S. Citizen? Y N
Home Address City State Zip Code Length of Time	2 Are you in the military? Y N
Phone () Social Security Number Date of Birth Driver's License #	3 Do you have established credit? Y N
Employer/Source of Income Self Employed? Y N (If Yes please provide the name of your company in the Employer/Source of Income field)	
Phone () Length of Time at Employer **Total Monthly Income	

The information furnished on this application is complete and accurate to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use an open end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual account, you may combine your and your spouse's financial information above. Marital Agreement Notice: No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse Address of Spouse

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT. In addition, I consent to 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan, and 2) the use of any automatic telephone dialing system and/or a pre-recorded message when contacted.

Applicant

Date 08/16 Joint Applicant X

KAY JEWELERS #2328

HOT SPRINGS MALL

4501 CENTRAL AVE. SUITE 155
HOT SPRINGS, AR 719130000

Date: 12/16/2015

Time: 16:04:14

Sales Slip ID: 79169

Cardholder: MCADOO, SH
Account No: XXXXXXX1680
Purchase Price: \$1181.68
Down Payment: \$350.00
Credit Plan: REC

Payment Protection Plan Rate: \$1.350 per \$100

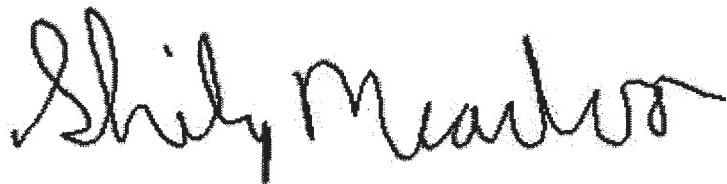
YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$831.68

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.

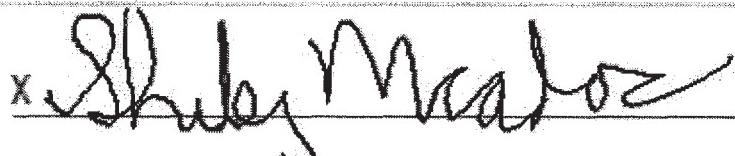


PAYMENT PROTECTION PLAN

By electing optional Payment ProtectionPlan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my stateas described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance



10/20/1960

12/16/15

Date of Birth

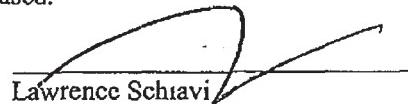
Date

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

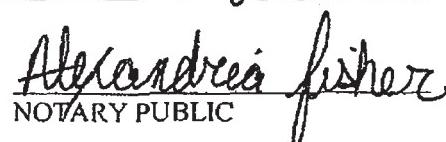
The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant SHIRLEY MCADOO's KAY JEWELERS account identified by the account number [REDACTED] 1680.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,024.18, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.



Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.



Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022

51837096
00288612

IN THE CIRCUIT COURT OF HOT SPRINGS COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

v.

CAUSE NO. _____

SHIRLEY MCADOO

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

SHIRLEY MCADOO

317 OVERMAN ST., MALVERN AR 72104

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

HOT SPRINGS COUNTY CIRCUIT COURT
MALVERN, AR 72104

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00288612

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V SHIRLEY MCADOO
Case Number: 30CV-19-24
Type: SUMMONS - FILER PREPARED

So Ordered



Electronically signed by SLWALTON on 2019-01-29 15:35:29 page 3 of 3

ELECTRONICALLY FILED
Hot Spring County Circuit Court
Teresa Pilcher, Hot Spring County Circuit Clerk
2019-Mar-18 18:25:31
30CV-19-24
C07D02 : 2 Pages

IN THE CIRCUIT COURT OF HOT SPRING COUNTY
STATE OF ARKANSAS

DNF Associates LLC

vs.
SHIRLEY MCADOO

Plaintiff/Petitioner

Defendant/Respondent

Cause No.: **30CV-19-24**

Hearing Date:

**DECLARATION OF SERVICE OF
Summons; Complaint**

AFFIDAVIT OF SERVICE

This affidavit is for service on **SHIRLEY MCADOO**

- I personally delivered the **Summons; Complaint** to **SHIRLEY MCADOO** at **317 OVERMAN ST, MALVERN, Hot Spring County, AR 72104** on **5th day of March, 2019**; or
- I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or
- I left the **Summons; Complaint** with _____ [name], a member of the defendant's family at least 18 years of age, at _____ [address], a place where the defendant resides, on _____ [date]; or
- I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.
- Other [specify]: _____
- I was unable to execute service at _____ [place] :

My fee is \$: **\$ 65.00**

REF: **00288612**

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE



Tracking #: **0034051046**



To be completed if service is by a sheriff or deputy sheriff:

Date: _____

SHERIFF OF _____ COUNTY, ARKANSAS

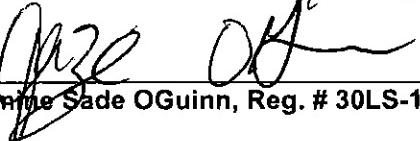
By: _____

[Signature of server]

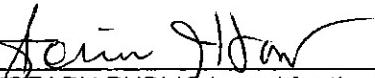
[Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 15th day of March, 20 19.


Jazmine Sade OGuinn, Reg. # 30LS-18-5, Hot Springs County

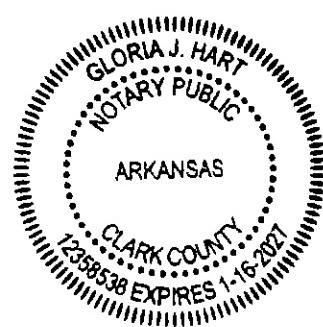
Subscribed and Sworn to before me this 15th day of March, 20 19



NOTARY PUBLIC in and for the State of Arkansas

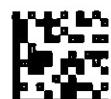
Residing at: 103 Sr. 25th St. Arkadelphia, AR 71933

My commission expires 01-16-2027



Additional information regarding service or attempted service:

SHIRLEY MCADOO, Who accepted service, with identity confirmed by subject stating their name, a red-headed black female approx. 55-65 years of age with an accent and glasses.



ELECTRONICALLY FILED
Garland County Circuit Court
Jeannie Pike, Garland Co. Circuit Court Clerk
2019-Jan-29 16:34:34
26CV-19-136
C18ED01 : 4 Pages

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

SUSAN FRANCOIS

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, SUSAN FRANCOIS, is an adult resident of 117 LOOKOUT PT APT C3, HOT SPRINGS AR 71913.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

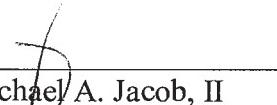
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$1,439.04

- 2. Attorney Fees in the amount of: \$.00
- 3. Court Costs in the amount of: \$187.50
- TOTAL:** \$1,626.54
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00293212

SReygadas001365

Page 1 of 2

2328000908



Customer Name Susan J Francois
Account # [REDACTED] 6131

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)

P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity	
Previous Balance	\$1,421.38
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$17.66
New Balance	\$1,439.04
Statement closing date	11/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,439.04
Balance Payable To Avoid Further Interest Charges	\$1,439.04
Minimum Payment	\$90.00
Past Due	\$570.00
Total Due	\$660.00
Payment Due Date	12/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	18 MONTHS	\$1,617.07

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
11/18/2016	11/19/2016	Interest Charges	\$17.66
		TOTAL INTEREST FOR THIS PERIOD	\$17.66
2016 Totals Year To-Date			
Total fees charged in 2016			\$286.20
Total interest charged in 2016			\$196.39



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx6131
New Balance	\$1,439.04
Due Date	12/13/2016
Total Due	\$660.00
Amount Enclosed	\$

[REDACTED] 61310006600000090001439042

000908

KAY
JEWELERS
Every kiss begins with Kay.[®]
kay.com

KAY JEWELERS
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

#BWNCKTF
 # 1610015013691314 #
 Susan J Francois
 117 Lookout Pt Apt C3
 Hot Springs AR 71913-6933

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant SUSAN FRANCOIS's KAY JEWELERS account identified by the account number [REDACTED] 6131.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,439.04, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.



Lawrence Schiavone

Subscribed and sworn to before me on this 8th day of October, 2018.



Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51897875
00293212

IN THE CIRCUIT COURT OF GARLAND COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

SUSAN FRANCOIS

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

SUSAN FRANCOIS

117 LOOKOUT PT APT C3,, HOT SPRINGS AR 71913

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

GARLAND COUNTY CIRCUIT COURT
HOT SPRINGS, AR 71901

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00293212

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V SUSAN FRANCOIS
Case Number: 26CV-19-136
Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in cursive script that reads "Rebecca Smith".



REBECCA SMITH

Electronically signed by RNSMITH on 2019-01-29 16:41:26 page 3 of 3

ELECTRONICALLY FILED
Faulkner County Circuit Court
Crystal Taylor, Circuit Clerk
2019-Jan-29 17:09:09
23CV-19-118
C20D01 : 6 Pages

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

THEODIS MITCHELL

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, THEODIS MITCHELL, is an adult resident of 324 SKUNK HOLLOW RD, CONWAY AR 72032.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$1,881.64

- | | | |
|----|---------------------------------------|-------------------|
| 2. | Attorney Fees in the amount of: | \$0.00 |
| 3. | Court Costs in the amount of: | \$187.50 |
| | TOTAL: | \$2,069.14 |
| 4. | Additional Court Costs as they accrue | |
| 5. | Post judgment interest. | |

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00288643

Page 1 of 2

1873000544



Customer Name Theodis Mitchell
Account # [REDACTED] 3433

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)
 P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity	
Previous Balance	\$1,862.96
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$18.68
New Balance	\$1,881.64
Statement closing date	09/18/2016
Days in billing cycle	31

Payment Information

New Balance	\$1,881.64
Balance Payable To Avoid Further Interest Charges	\$1,881.64
Minimum Payment	\$55.00
Past Due	\$440.00
Total Due	\$495.00
Payment Due Date	10/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	4 YEARS	\$2,429.05
\$65.22	3 YEARS	\$2,311.36 Savings = \$117.69

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
09/18/2016	09/19/2016	Interest Charges	\$18.68
		TOTAL INTEREST FOR THIS PERIOD	\$18.68
2016 Totals Year To-Date			
Total fees charged in 2016			\$288.78
Total interest charged in 2016			\$165.90



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx3433
New Balance	\$1,881.64
Due Date	10/13/2016
Total Due	\$495.00
Amount Enclosed	\$

[REDACTED] 34330004950000055001881640

Please make your check payable to KAY JEWELERS
 Payment mailing address is for remittance only

000544



KAY JEWELERS
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

#BNCKTF
 # 1301790710394339 #
 Theodis Mitchell
 324 Skunk Hollow Rd
 Conway AR 72032-9001

SReygadas001376



16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.*

Applicant Information:

First Name: Theodis M.I.: M Last Name: Nicole
Home Address: [REDACTED] Apt: [REDACTED]
Phone: [REDACTED] Billing Phone Billed Under: [REDACTED]

Current Mailing Address:
(If different than above)

Previous Address:
(If at current address less than 3 years)

Employer: [REDACTED]

Employer: [REDACTED]

Phone: [REDACTED] Dept/Ext.: [REDACTED]

Previous Employer:
(If with current employer less than 1 year)

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

Name: [REDACTED] State of Residence: [REDACTED]

Joint Applicant Information:

First Name: [REDACTED] M.I.: [REDACTED] Last Name: [REDACTED]

Home Address:
(If different from primary applicant)

Phone: [REDACTED]

Social Security Number: [REDACTED]

Employer Name and Address:

Phone: [REDACTED]

Gross Monthly Income: [REDACTED]

Length of Time: [REDACTED]

Suffix: [REDACTED] 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED] Length of Time: [REDACTED]

Position: [REDACTED] Self-Employed? Y N

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

Gross Monthly Income: [REDACTED]

Length of Time: [REDACTED]

Previous Length of Time: [REDACTED]

The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit, or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES. California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information.

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a pre-recorded message when contacted.



Applicant: X

Heidi Mitchell

Date: 8/28/15

Joint Applicant: X

0300-13S-0000 (R: 10/14) 058127

MCCAIN MALL

3929 MCCAIN BLVD, SUITE E05B
N LITTLE ROCK, AR 721160000

Date: 08/28/2015

Time: 20:35:51

Sales Slip ID: 40226

Cardholder: MITCHELL, TH
Account No: XXXXXXXX3433
Purchase Price: \$3493.69
Down Payment: \$2000.00
Credit Plan: BR36

Payment Protection Plan Rate: \$1.110 per \$100

YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$1493.69

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.

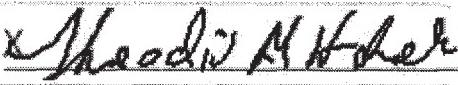


PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance


03/17/1973 08/28/15
Date of Birth Date

STATE OF NEW YORK
COUNTY OF ERIE

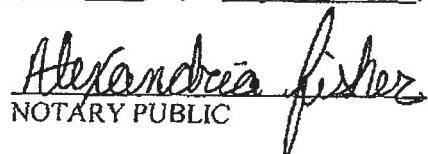
AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant THEODIS MITCHELL's KAY JEWELERS account identified by the account number [REDACTED] 3433.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,881.64, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01FI0379990
Qualified in Erie County
My Commission Expires 08-27-2022

51855943
00288643

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

THEODIS MITCHELL

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

THEODIS MITCHELL

324 SKUNK HOLLOW RD., CONWAY AR 72032

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

FAULKNER COUNTY CIRCUIT COURT
CONWAY, AR 72034

[Signature of Clerk or Deputy Clerk]

[SEAL]

Date: _____

00288643

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES, LLC V THEODIS MITCHELL
Case Number: 23CV-19-118
Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in black ink that reads "B. Donohue".



B. Donohue

Electronically signed by RADONOHUE on 2019-01-30 08:21:32 page 3 of 3

ELECTRONICALLY FILED
Faulkner County Circuit Court
Crystal Taylor, Circuit Clerk
2019-Mar-23 16:55:30
23CV-19-118
C20D01 : 2 Pages

IN THE CIRCUIT COURT OF FAULKNER COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: **23CV-19-118**

Hearing Date:

vs.

THEODIS MITCHELL

Defendant/Respondent

DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **THEODIS MITCHELL**

- I personally delivered the **Summons; Complaint** to **THEODIS MITCHELL** at **324 SKUNK HOLLOW RD, CONWAY, Faulkner County, AR 72032** on **16th day of March, 2019**; or
- I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or
- I left the **Summons; Complaint** with _____ [name], a member of the defendant's family at least 18 years of age, at _____ [address], a place where the defendant resides, on _____ [date]; or
- I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.
- Other [specify]: _____
- I was unable to execute service at _____ [place] :

My fee is \$: **\$ 65.00**

REF: **00288643**

PAGE 1 OF 2

ORIGINAL PROOF OF
SERVICE



Tracking #: **0034603878**



To be completed if service is by a sheriff or deputy sheriff:

Date: _____ SHERIFF OF _____ COUNTY, ARKANSAS
By: _____
[Signature of server]

_____ [Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 21 day of March, 2019.

Melanie Laughlin

Melanie Laughlin, Reg. # 105, Pulaski

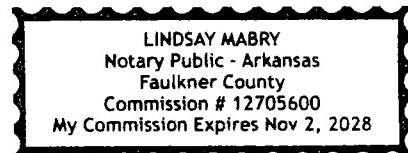
Subscribed and Sworn to before me this 21 day of March, 2019.

Lindsay Mabry

NOTARY PUBLIC in and for the State of Arkansas

Residing at: Anwest - Conway

My commission expires Nov 2, 2028



Additional information regarding service or attempted service:

THEODIS MITCHELL, Who accepted service, with identity confirmed by subject stating their name, a black male approx. 45-55 years of age, 5'6"-5'8" tall, weighing 160-180 lbs with black hair with a goatee.



IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

ZACHARY BLACKMON

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, ZACHARY BLACKMON, is an adult resident of 118 CENTER RD, MAYFLOWER AR 72106.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

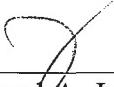
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$2,321.88

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$187.50
- TOTAL:** **\$2,509.38**
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.



Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281595

Page 1 of 2

2524000981

JARED®

The Galleria Of Jewelry
jared.com

Customer Name Zachary T Blackmon
Account [REDACTED] 2826

Questions? - Visit us at www.jared.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)
 P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$2,293.10
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$28.78
New Balance	\$2,321.88
Statement closing date	08/10/2016
Days in billing cycle	31

Payment Information

New Balance	\$2,321.88
Balance Payable To Avoid Further Interest Charges	\$2,321.88
Minimum Payment	\$125.00
Past Due	\$875.00
Total Due	\$1,000.00
Payment Due Date	09/05/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	22 MONTHS	\$2,669.32

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
08/10/2016	08/11/2016	Interest Charges	\$28.78
		TOTAL INTEREST FOR THIS PERIOD	\$28.78
2016 Totals Year To-Date			
Total fees charged in 2016			\$60.00
Total interest charged in 2016			\$230.24



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx2826
New Balance	\$2,321.88
Due Date	09/05/2016
Total Due	\$1,000.00

[REDACTED] 28260010000000125002321887

Please make your check payable to JARED GALLERIA OF JEWELRY
 Payment mailing address is for remittance only

000981

JARED®
 The Galleria Of Jewelry
jared.com

JARED GALLERIA OF JEWELRY
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

#BWNCKTF
 # 1600085012218262 #
 Zachary T Blackmon
 118 Center Rd
 Mayflower AR 72106-9418

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant ZACHARY BLACKMON's JARED account identified by the account number [REDACTED] 2826.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$2,321.88, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 3rd day of October, 2018.


ALEXANDRIA FISHER
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51797154
00281595

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

ZACHARY BLACKMON

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

ZACHARY BLACKMON

118 CENTER RD., MAYFLOWER AR 72106

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

FAULKNER COUNTY CIRCUIT COURT
CONWAY, AR 72034

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281595

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V ZACHARY BLACKMON

Case Number: 23CV-19-112

Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in blue ink that appears to read "J. Wiggs".



J.WIGGS

Electronically signed by JLWIGGS on 2019-01-29 14:56:46 page 3 of 3

ELECTRONICALLY FILED
Faulkner County Circuit Court
Crystal Taylor, Circuit Clerk
2019-Feb-27 16:00:53
23CV-19-112
C20D03 : 2 Pages

IN THE CIRCUIT COURT OF FAULKNER COUNTY
STATE OF ARKANSAS

DNF Associates LLC

Plaintiff/Petitioner

Cause No.: **23CV-19-112**

vs.
ZACHARY BLACKMON

Defendant/Respondent

Hearing Date:

**DECLARATION OF SERVICE OF
Summons; Complaint**

AFFIDAVIT OF SERVICE

This affidavit is for service on **ZACHARY BLACKMON**

- I personally delivered the **Summons; Complaint** to the individual at _____ [place] on _____ [date]; or
- I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or
- I left the **Summons; Complaint** with Unknown Person who refused to give true name, a member of the defendant's family at least 18 years of age, at **118 CENTER RD, MAYFLOWER, Faulkner County, AR 72106**, a place where the defendant resides, on **22nd day of February, 2019**; or
- I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.
- Other [specify]: _____
- I was unable to execute service at _____ [place] :

My fee is \$: **\$ 65.00**

REF: **00281595**

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE

Tracking #: **0033620931**



To be completed if service is by a sheriff or deputy sheriff:

Date: _____ SHERIFF OF _____ COUNTY, ARKANSAS

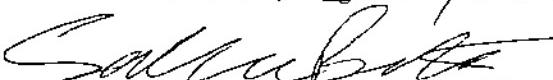
By: _____

[Signature of server]

_____ [Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 25 day of February, 2019.



Sarah Butters, Reg. # PA-17-15, Van Buren

Subscribed and Sworn to before me this 15 day of February, 2019.

NOTARY PUBLIC in and for the State of Arkansas

Residing at: 2815 Pawpaw Woods Dr. Conway, AR 72034

My commission expires 12/30/2023



Additional information regarding service or attempted service:

Jane Doe, WHO REFUSED TO GIVE NAME, SPOUSE, CO-RESIDENT, who accepted service, a black-haired black female approx. 35-45 years of age, 5'6"-5'8" tall and weighing 240-300 lbs.



IN THE CIRCUIT COURT OF HOT SPRINGS COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

ZACHARY GREEN

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, ZACHARY GREEN, is an adult resident of 3826 LEAU FRAIZ, MALVERN AR 72104.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

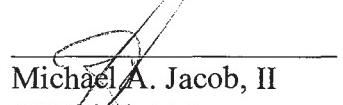
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$1,122.70

- | | | |
|----|---------------------------------------|-------------------|
| 2. | Attorney Fees in the amount of: | \$0.00 |
| 3. | Court Costs in the amount of: | \$187.50 |
| | TOTAL: | \$1,310.20 |
| 4. | Additional Court Costs as they accrue | |
| 5. | Post judgment interest. | |

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281597

Page 1 of 2

2328000548



Customer Name Zachary A Green
 Account # 9044

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)
 P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,109.31
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$13.39
New Balance	\$1,122.70
Statement closing date	07/18/2016
Days in billing cycle	30

Payment Information

New Balance	\$1,122.70
Balance Payable To Avoid Further Interest Charges	\$1,122.70
Minimum Payment	\$70.00
Past Due	\$400.00
Total Due	\$470.00
Payment Due Date	08/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	19 MONTHS	\$1,262.13

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
07/18/2016	07/19/2016	Interest Charges	\$13.39
		TOTAL INTEREST FOR THIS PERIOD	\$13.39
2016 Totals Year To-Date			
Total fees charged in 2016		\$94.98	
Total interest charged in 2016		\$93.20	



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx9044
New Balance	\$1,122.70
Due Date	08/13/2016
Total Due	\$470.00
Amount Enclosed	\$

2018071790440004700000070001122701

Please make your check payable to KAY JEWELERS
 Payment mailing address is for remittance only

000548



KAY JEWELERS
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

#BWNCKTF
 # 1301771719990442 #
 Zachary A Green
 3826 Leau Fraiz
 Malvern AR 72104-8169

SReygadas001396
KAY KAY
JEWEVERS
KAY.COM
KAY JEWELERS
OUTLET
KAY.COM

16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.*

Applicant Information:

First Name: Zachary M.I. Last Name: Green
Home Address: [REDACTED]

Apt: Suffix: 1. Are you a U.S. Citizen? Y N
City: Malvern State: AR Zip Code: 72104
Other Phone: () Length of Time: 1 yr 6 mo

Phone: [REDACTED] Home Phone-Dinner Number: [REDACTED]

Statement Mailing Address:
(If different than above)

Previous Address:
(If at current address less than 3 years)

City: Malvern State: AR Zip Code: 72104 Length of Time: 7 yr
E-Mail Address: By providing my E-mail address, I consent to receive E-mail communications about my Account.

Position:

Self-Employed? Y N

Employer Address:

City: HS State: AR Zip Code: 72104
Length of Time: 2 mo

Phone: [REDACTED] Dept/Ext.: [REDACTED]
Previous Employer:
(If with current employer less than 1 year)

Previous Length of Time:

3 yr 6 mo

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

2500

Nearest Relative Not Living With You:

State of Residence:

Phone:

Joint Applicant Information:

First Name: Lauren M.I. Last Name: Aguilar

Suffix: 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

Home Address:
(If different from primary applicant)

State: Zip Code: Length of Time:

Phone:

Date of Birth:

Self-Employed? Y N

Employer Name and Address:

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

The information furnished on this application is correct and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION. AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a pre-recorded message when contacted.

Applicant: X Zachary A. Green

Date: 10-9-15

Joint Applicant: X Lauren Aguilar

0366-139-0050 (R: 10/14) 058127

KAY JEWELERS #2328

HOT SPRINGS MALL

4501 CENTRAL AVE. SUITE 155

HOT SPRINGS, AR 719130000

Date: 10/09/2015

Time: 13:53:12

Sales Slip ID: 76604

Cardholder: GREEN, ZA

Account No: XXXXXXX9044

Purchase Price: \$1215.43

Down Payment: \$225.00

Credit Plan: REC

Payment Protection Plan Rate: \$1.350 per \$100

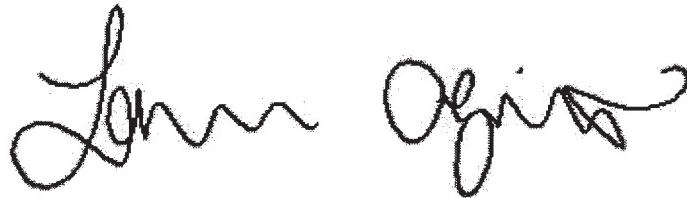
YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$990.43

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.

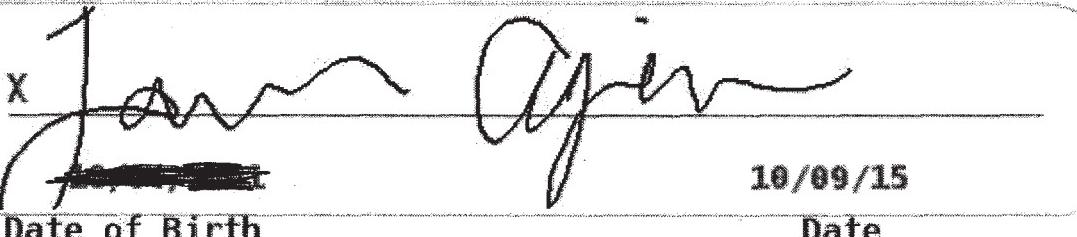


PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance



X John Ogles 10/09/15

Date of Birth Date

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

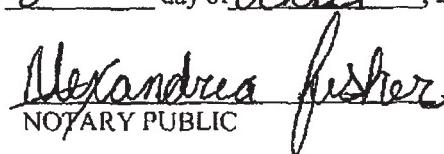
The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant ZACHARY GREEN's KAY JEWELERS account identified by the account number 315199044.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,122.70, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.



Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.



Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51797158
00281597

IN THE CIRCUIT COURT OF HOT SPRINGS COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

ZACHARY GREEN

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

ZACHARY GREEN

3826 LEAU FRAIZ, , MALVERN AR 72104

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

HOT SPRINGS COUNTY CIRCUIT COURT
MALVERN, AR 72104

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281597

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V ZACHARY GREEN
Case Number: 30CV-19-22
Type: SUMMONS - FILER PREPARED

So Ordered

Shauna Walton 

Electronically signed by SLWALTON on 2019-01-29 15:35:49 page 3 of 3

IN THE CIRCUIT COURT OF HOT SPRING COUNTY
STATE OF ARKANSAS

DNF Associates LLC

vs.
ZACHARY GREEN

Plaintiff/Petitioner | Cause No.: **30CV-19-22**
Hearing Date:
Defendant/Respondent | DECLARATION OF SERVICE OF
Summons; Complaint

AFFIDAVIT OF SERVICE

This affidavit is for service on **ZACHARY GREEN**

- I personally delivered the **Summons; Complaint** to **ZACHARY GREEN** at **3826 LEAU FRAIZ, MALVERN, Hot Spring County, AR 72104** on **15th day of March, 2019**; or
- I left the **Summons; Complaint** in the proximity of the individual by _____ after he/she refused to receive it when I offered it to him/her; or
- I left the **Summons; Complaint** with _____ [name], a member of the defendant's family at least 18 years of age, at _____ [address], a place where the defendant resides, on _____ [date]; or
- I delivered the **Summons; Complaint** to _____ [name of individual], an agent authorized by appointment or by law to receive service of summons on behalf of _____ [name of defendant] on _____ [date]; or
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I served the **Summons; Complaint** on the defendant by certified mail, return receipt requested, restricted delivery, as shown by the attached signed return receipt.
- I am the plaintiff or an attorney of record for the plaintiff in this lawsuit, and I mailed a copy of the **Summons; Complaint** by first-class mail to the defendant together with two copies of a notice and acknowledgment and received the attached notice and acknowledgment form within twenty days after the date of mailing.
- Other [specify]: _____
- I was unable to execute service at _____ [place] :

My fee is \$: **\$ 65.00**

REF: **00281597**

PAGE 1 OF 2
ORIGINAL PROOF OF
SERVICE



Tracking #: **0034640333**



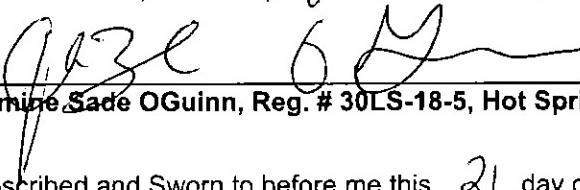
To be completed if service is by a sheriff or deputy sheriff:

Date: _____ SHERIFF OF _____ COUNTY, ARKANSAS
By: _____
[Signature of server]

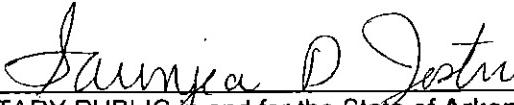
[Printed name, title, and badge number]

To be completed if service is by a person other than a sheriff or deputy sheriff:

DATED this 21 day of March, 2019.

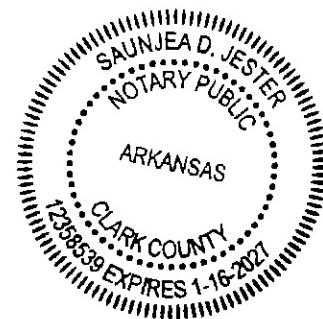

Jazmine Sade OGuinn, Reg. # 30LS-18-5, Hot Springs County

Subscribed and Sworn to before me this 21 day of March, 2019.


Saunjead D. Jester

NOTARY PUBLIC in and for the State of Arkansas
Residing at: 401 Clay Street Arkadelphia 71923

My commission expires 1-16-2027



Additional information regarding service or attempted service:

ZACHARY GREEN, Who accepted service, with identity confirmed by subject reaching for docs when named, a white male with an accent.



ELECTRONICALLY FILED
Hot Spring County Circuit Court
Teresa Pilcher, Hot Spring County Circuit Clerk
2019-Jan-29 15:20:29
30CV-19-23
C07D02 : 6 Pages

IN THE CIRCUIT COURT OF HOT SPRINGS COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

ZACHARY GREEN

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, ZACHARY GREEN, is an adult resident of 3826 LEAU FRAIZ, MALVERN AR 72104.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

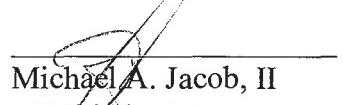
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$1,122.70

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$187.50
- TOTAL:** \$1,310.20
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281597

Page 1 of 2

2328000548



Customer Name Zachary A Green
 Account # 9044

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)
 P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,109.31
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$13.39
New Balance	\$1,122.70
Statement closing date	07/18/2016
Days in billing cycle	30

Payment Information

New Balance	\$1,122.70
Balance Payable To Avoid Further Interest Charges	\$1,122.70
Minimum Payment	\$70.00
Past Due	\$400.00
Total Due	\$470.00
Payment Due Date	08/13/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	19 MONTHS	\$1,262.13

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
07/18/2016	07/19/2016	Interest Charges	\$13.39
		TOTAL INTEREST FOR THIS PERIOD	\$13.39
2016 Totals Year To-Date			
Total fees charged in 2016		\$94.98	
Total interest charged in 2016		\$93.20	



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx9044
New Balance	\$1,122.70
Due Date	08/13/2016
Total Due	\$470.00
Amount Enclosed	\$

2018071790440004700000070001122701

Please make your check payable to KAY JEWELERS
 Payment mailing address is for remittance only

000548



KAY JEWELERS
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

#BWNCKTF
 # 1301771719990442 #
 Zachary A Green
 3826 Leau Fraiz
 Malvern AR 72104-8169

SReygadas001407
KAY KAY
JEWEVERS
KAY.COM
KAY JEWELERS
OUTLET
KAY.COM

16

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.*

Applicant Information:

First Name: Zachary M.I. Last Name: Green
Home Address: [REDACTED]

Apt: Suffix: 1. Are you a U.S. Citizen? Y N
City: Malvern State: AR Zip Code: 72104
Other Phone: () Length of Time: 1 yr 6 mo

Phone: [REDACTED] Village Phone Number: [REDACTED]

Statement Mailing Address:
(If different than above)

Previous Address:
(If at current address less than 3 years)

City: Malvern State: AR Zip Code: 72104 Length of Time:
E-Mail Address: By providing my E-mail address, I consent to receive E-mail communications about my Account.

Position:

Self-Employed? Y N

Employer Address:

City: HS State: AR Zip Code: 72104
Length of Time: 2 mo

Phone: [REDACTED] Dept/Ext.: [REDACTED]
Previous Employer:
(If with current employer less than 1 year)

Previous Length of Time:

3 yr 6 mo

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

2500

Nearest Relative Not Living With You:

State of Residence:

Phone:

Joint Applicant Information:

First Name: Lauren M.I. Last Name: Aguilar
Home Address: [REDACTED]

Suffix: 1. Are you a U.S. Citizen? Y N
2. Are you in the military? Y N
3. Do you have established credit? Y N

Phone: [REDACTED] Date of Birth: [REDACTED]

State: AR Zip Code: 72104 Length of Time: [REDACTED]

Employer Name and Address:

Self-Employed? Y N

*Other Monthly Income Amount That Could Be Used To Repay Your Obligation:

The information furnished on this application is correct and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO KAY JEWELERS AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual account, combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information:

Name of Spouse:

Address of Spouse:

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE KAY JEWELERS AND KAY JEWELERS OUTLET RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION. AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a pre-recorded message when contacted.

Applicant: X Zachary A. Green

Date: 10-9-15

Joint Applicant: X Lauren Aguilar

0366-139-0050 (R: 10/14) 058127

KAY JEWELERS #2328

HOT SPRINGS MALL

4501 CENTRAL AVE. SUITE 155

HOT SPRINGS, AR 719130000

Date: 10/09/2015

Time: 13:53:12

Sales Slip ID: 76604

Cardholder: GREEN, ZA

Account No: XXXXXXX9044

Purchase Price: \$1215.43

Down Payment: \$225.00

Credit Plan: REC

Payment Protection Plan Rate: \$1.350 per \$100

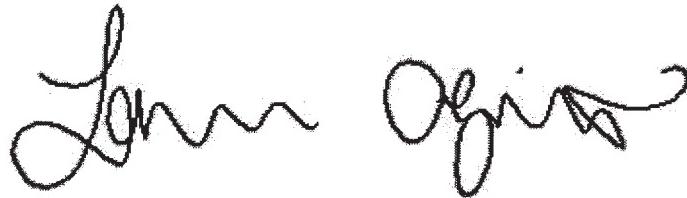
YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$990.43

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.

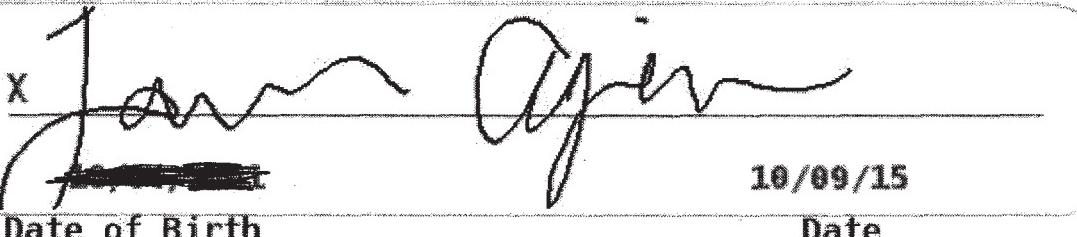


PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance



X John Ogles 10/09/15

Date of Birth Date

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

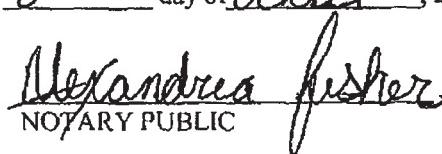
The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant ZACHARY GREEN's KAY JEWELERS account identified by the account number 315199044.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,122.70, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.



Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.



Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01F16379990
Qualified In Erie County
My Commission Expires 08-27-2022

51797158
00281597

IN THE CIRCUIT COURT OF HOT SPRINGS COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

ZACHARY GREEN

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

ZACHARY GREEN

3826 LEAU FRAIZ, , MALVERN AR 72104

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

HOT SPRINGS COUNTY CIRCUIT COURT
MALVERN, AR 72104

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281597

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V ZACHARY GREEN
Case Number: 30CV-19-23
Type: SUMMONS - FILER PREPARED

So Ordered

Shauna Walton 

Electronically signed by SLWALTON on 2019-01-29 15:35:39 page 3 of 3

IN THE CIRCUIT COURT OF CRAIGHEAD COUNTY, ARKANSAS
EASTERN

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

ZACKARY RIDGE

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, ZACKARY RIDGE, is an adult resident of 1121 4TH ST, LAKE CITY AR 72437.

II.

Plaintiff, holds a claim against the Defendant pursuant to a KAY JEWELERS account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1.	Principle and Accrued Interest:	\$1,035.88
2.	Attorney Fees in the amount of:	\$0.00
3.	Court Costs in the amount of:	\$187.50
	TOTAL:	\$1,223.38
4.	Additional Court Costs as they accrue	
5.	Post judgment interest.	

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281588

Page 1 of 2

2215000446



Customer Name **Zackary Ridge**
 Account # **[REDACTED] 8327**

Questions? - Visit us at www.kay.com

Please send billing inquiries and correspondence to:
 (do not send payments to this address)
 P.O. Box 3680
 Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$1,023.30
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$12.58
New Balance	\$1,035.88
Statement closing date	07/24/2016
Days in billing cycle	30

Payment Information

New Balance	\$1,035.88
Balance Payable To Avoid Further Interest Charges	\$1,035.88
Minimum Payment	\$65.00
Past Due	\$455.00
Total Due	\$520.00
Payment Due Date	08/19/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	18 MONTHS	\$1,163.50

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged

Trans Date	Post Date	Description	Amount
07/24/2016	07/25/2016	Interest Charges	\$12.58
		TOTAL INTEREST FOR THIS PERIOD	\$12.58

2016 Totals Year To-Date

Total fees charged in 2016	\$83.47
Total interest charged in 2016	\$87.56



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx8327
New Balance	\$1,035.88
Due Date	08/19/2016
Total Due	\$520.00
Amount Enclosed	\$ [REDACTED]

[REDACTED] 83270005200000065001035887

000446



KAY JEWELERS
 P.O.Box 740425
 Cincinnati OH 45274-0425

To review important notices, click here

Address or Employment
 Change? Check Box and
 complete Reverse Side

Payment Mailing Address:
 P.O. Box 740425
 Cincinnati, OH 45274-0425

#BWNCKTF
 # 1301774429853272 #
 Zackary Ridge
 1121 4th St
 Lake City AR 72437-8618

KAY JEWELERS #2215

THE MALL AT TURTLE CREEK
3000 . HIGHLAND DR. STE#119
JONESBORO, AR 724010000

Date: 12/19/2015

Time: 20:13:58

Sales Slip ID: 98840

Cardholder: RIDGE, ZA
Account No: XXXXXX8327
Purchase Price: \$862.53
Down Payment: \$0.00
Credit Plan: REG

Payment Protection Plan Rate: \$1.350 per \$100

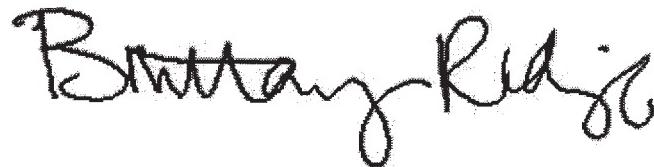
YOU MAY RETURN YOUR PURCHASE WITHIN 60 DAYS OR EXCHANGE IT WITHIN 90 DAYS OF PURCHASE. WATCHES MAY BE EXCHANGED OR RETURNED WITHIN 30 DAYS IF IN ORIGINAL CONDITION (UNWORN & UNALTERED) AND WITH ORIGINAL PACKAGING, WARRANTY DOCUMENTS & INSTRUCTIONS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$862.53

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my KAY JEWELERS Retail Installment Charge Agreement, the terms of which are incorporated by reference.

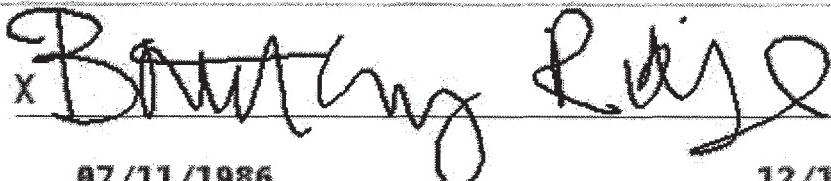


PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance



x Brittany Ridge

07/11/1986

12/19/15

Date of Birth

Date

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, to-wit:

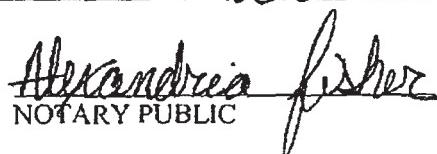
1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant ZACKARY RIDGE's KAY JEWELERS account identified by the account number [REDACTED] 8327.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$1,035.88, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.



Lawrence Schiavone

Subscribed and sworn to before me on this 8th day of October, 2018.

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No. 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022



Alexandria Fisher
NOTARY PUBLIC

51792072
00281588

IN THE CIRCUIT COURT OF CRAIGHEAD COUNTY, ARKANSAS
EASTERN

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

ZACKARY RIDGE

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

ZACKARY RIDGE

1121 4TH ST., LAKE CITY AR 72437

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

CRAIGHEAD COUNTY CIRCUIT COURT
LAKE CITY, AR 72437

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281588

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V ZACHARY RIDGE

Case Number: 16LCV-19-6

Type: SUMMONS - FILER PREPARED

So Ordered

Martha S. Gurley



Martha Gurley, Deputy Clerk

ELECTRONICALLY FILED
Faulkner County Circuit Court
Crystal Taylor, Circuit Clerk
2019-Feb-04 15:50:49
23CV-19-144
C20D01 : 6 Pages

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JOSHUA BUCHANAN

DEFENDANT

COMPLAINT

COMES NOW Plaintiff, DNF Associates LLC, by and through counsel, and brings this its complaint against the Defendant, as follows:

I.

Defendant, JOSHUA BUCHANAN, is an adult resident of 67 BRIARWOOD ST., Greenbrier AR 72058.

II.

Plaintiff, holds a claim against the Defendant pursuant to a JARED account. This account is in default and is presently due and owing in the amount listed below.

III.

Plaintiff, through counsel, sent Defendant a correspondence demanding payment on this account. More than thirty days have elapsed since Defendant received this correspondence and Defendant has failed to satisfy this account.

IV.

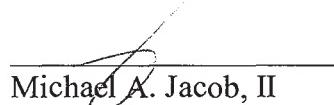
As a direct and proximate cause of Defendant's failure to pay this past due indebtedness, Plaintiff has incurred legal fees and court costs.

WHEREFORE, Plaintiff, DNF Associates LLC, demands judgment of, from and against the Defendant:

1. Principle and Accrued Interest: \$10,324.71

- 2. Attorney Fees in the amount of: \$0.00
- 3. Court Costs in the amount of: \$187.50
- TOTAL: \$10,512.21**
- 4. Additional Court Costs as they accrue
- 5. Post judgment interest.

THIS December 19, 2018.


Michael A. Jacob, II
AB#2010-110
Jacob Law Group, PLLC
2623 West Oxford Loop
P.O. Box 948
Oxford, MS 38655
(866) 287-5283
(662) 238-2834 facsimile

*This is an attempt to collect a debt by a debt collector. Any information obtained will be used for that purpose.

00281592



21

SSN * * * - * * - 5 8 9 6

Select the Type of Account you would like to apply for: Please use blue or black ink to complete.

INDIVIDUAL ACCOUNT: In one name and based solely on your own credit worthiness. Applicant if married, may apply for an individual account.

JOINT ACCOUNT: Is based on credit worthiness of both applicant and joint applicant. Both may use the account and will be liable and responsible for payments. Both must sign below.

COSIGNED ACCOUNT: Cosigner and applicant must each complete separate applications. Only applicant will be permitted to use the account, but both will be liable and responsible for payments.

NOTICE: **Total Monthly Income includes income from a job, including full time, part time, or seasonal jobs or from self employment and includes bonuses, tips and commissions. It includes interest or dividends, rental income, retirement income or public assistance, as well as profit from self employment. It includes shared income, which is money from somebody else that is regularly deposited into your account or a joint account that person shares with you. If you are 21 or older, you may also include income from others if you can use that income to pay your bills. *Alimony, child support or separate maintenance need not be revealed if you do not wish to rely on it to obtain credit.

Applicant Information:					
First Name: joshua	M.I. t	Last Name: buchanan	Suffix:	1. Are you a U.S. Citizen? <input checked="" type="checkbox"/> N 2. Are you in the military? <input type="checkbox"/> Y <input checked="" type="checkbox"/> M 3. Do you have established credit? <input checked="" type="checkbox"/> N	
Home Address:		Apt:	City: maumelle	State: ar	Zip Code: 72113
Phone:	Name Phone Billed Under: joshua t buchanan		Other Phone:	Length of Time at Address: 3yr 0mo	
Statement Mailing Address: 125 oak ridge cv maumelle ar 72113					
Previous Address:		City:	State:	Zip Code:	Length of Time:
		E-Mail Address:	By providing my E-mail address, I consent to receive E-mail communications about my Account.		
Employer/*Source of Income:		Position:	**Total Monthly Income		
Employer Address:		City: little rock	ar	Zip Code: 72211	
Phone:	Dept/Ext.:	Length of Time at Employer: 4yr 3mo			
Self-Employed: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N (If Yes, please provide the name of your company in the Employer/Source of Income field above)		Previous Employer:			Previous Length of Time:
Name of Person Not Living With You:		State of Residence: mo		Phone:	

Joint Applicant Information:					
First Name:	M.I.	Last Name:	Suffix:	1. Are you a U.S. Citizen? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N 2. Are you in the military? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N 3. Do you have established credit? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	
Home Address: (If different from primary applicant)			City:	State:	Zip Code:
Phone: ()	Social Security Number:		Date of Birth:	Driver's License #:	
Employer/*Source of Income:			Self-Employed? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (If Yes, please provide the name of your company in the Employer/Source of Income field)		
Phone: ()	Length of Time at Employer:		**Total Monthly Income:		
The information furnished on this application is complete and accurate, to the best of my knowledge. Sterling Jewelers Inc. may investigate my credit record and obtain a consumer report in connection with this application and later in connection with an update, renewal, additional extension of credit, replacement or refinancing of an extension of credit or collection of the account, any other account I have with Sterling Jewelers Inc. or otherwise as permitted or required by law. Upon request, I will be told whether or not a consumer report was requested and the name and address of the reporting agency that furnished that report. TO FIND OUT ABOUT CHANGES IN THE INFORMATION IN THE AGREEMENT ACCOMPANYING THIS APPLICATION, WRITE TO JARED THE GALLERIA OF JEWELRY AT P.O. BOX 3680, AKRON, OH 44309-3680. STATE LAW REQUIRES US TO GIVE THE FOLLOWING NOTICES: California Residents: After credit approval each applicant shall have the right to use an open-end credit plan to the extent of any limit we set and will be liable for all amounts extended under the plan to any joint applicant. Ohio Residents: THE OHIO LAWS AGAINST DISCRIMINATION REQUIRE THAT ALL CREDITORS MAKE CREDIT EQUALLY AVAILABLE TO ALL CREDITWORTHY CUSTOMERS, AND THAT CREDIT REPORTING AGENCIES MAINTAIN SEPARATE CREDIT HISTORIES ON EACH INDIVIDUAL UPON REQUEST. THE OHIO CIVIL RIGHTS COMMISSION ADMINISTERS COMPLIANCE WITH THIS LAW. New York Residents: We have a security interest in goods costing more than \$200.00 until the full payment price of those goods is paid. Wisconsin Residents: If you are married and are applying for an individual account, you may combine your and your spouse's financial information above. Marital Agreement Notice - No provision of a marital property agreement, unilateral statement under Sec. 766.59 Wis. Stats., or court decree under Sec. 766.70 Wis. Stats., will adversely affect our rights unless we are furnished a copy of the agreement, statement or decree, or we have actual knowledge of its terms before credit is granted or the account is opened. We are required to ask married residents of Wisconsin for the following information: Name of Spouse: Address of Spouse:					

BEFORE SIGNING BELOW, I (WE) HAVE READ THE DISCLOSURES THAT APPEAR ON THIS APPLICATION AND THE JARED THE GALLERIA OF JEWELRY RETAIL INSTALLMENT CREDIT AGREEMENT, THE TERMS OF WHICH ARE INCORPORATED BY REFERENCE IN AND MADE A PART OF THIS APPLICATION, AND I (WE) HAVE RECEIVED A COPY OF THAT AGREEMENT.

In addition, I consent to: 1) be contacted about my account through any contact information I provide, including cell phone numbers, even if I am charged under my phone plan; and 2) the use of any automatic telephone dialing system and/or a prerecorded message when contacted.

Applicant: X

Date: 12/18/2015 Joint Applicant: X

Page 1 of 2

2524000570



Customer Name Joshua T Buchanan
Account # [REDACTED] 9018

Questions? - Visit us at www.jared.com

Please send billing inquiries and correspondence to:
(do not send payments to this address)

P.O. Box 3680
Akron, OH 44309-3680

Summary of Account Activity

Previous Balance	\$10,190.73
Payments	\$0.00
Other Credits	\$0.00
Purchases and Other Charges	\$0.00
Fees Charged	\$0.00
Interest Charged	\$133.98
New Balance	\$10,324.71
Statement closing date	08/10/2016
Days in billing cycle	31

Payment Information

New Balance	\$10,324.71
Balance Payable To Avoid Further Interest Charges	\$10,324.71
Minimum Payment	\$460.00
Past Due	\$2,100.00
Total Due	\$2,560.00
Payment Due Date	09/05/2016

Late Payment Warning: If we do not receive your minimum payment by the payment due date listed above, you may have to pay a late fee of up to \$37.00.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Only the minimum payment	27 MONTHS	\$12,301.98

If you would like information about credit counseling services, call 1-866-477-6322

Your Transactions

Interest Charged			
Trans Date	Post Date	Description	Amount
08/10/2016	08/11/2016	Interest Charges	\$133.98
		TOTAL INTEREST FOR THIS PERIOD	\$133.98
2016 Totals Year To-Date			
Total fees charged in 2016		\$883.88	
Total interest charged in 2016		\$702.40	



NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

Account #	xxxxxx9018
New Balance	\$10,324.71
Due Date	09/05/2016
Total Due	\$2,560.00
Amount Enclosed	\$

Please make your check payable to JARED GALLERIA OF JEWELRY
Payment mailing address is for remittance only

[REDACTED] 0180025600000460010324714

000570

JARED[®]
The Galleria Of Jewelry
jared.com

JARED GALLERIA OF JEWELRY
P.O.Box 740425
Cincinnati OH 45274-0425

To review important notices, click here

#BWNCKTF
1301784315910185 #
Joshua T Buchanan
125 Oak Ridge Cv
Maumelle AR 72113-6845

Address or Employment
Change? Check Box and
complete Reverse Side

Payment Mailing Address:
P.O. Box 740425
Cincinnati, OH 45274-0425

Park Avenue
310 South University Ave
Little Rock, AR 72205

Date: 12/18/2015

Time: 15:14:16

Sales Slip ID: 30219

Cardholder: BUCHANAN, JO
Account No: XXXXX9018
Purchase Price: \$10033.43
Down Payment: \$1000.00
Credit Plan: REG

Payment Protection Plan Rate: \$1.350 per \$100

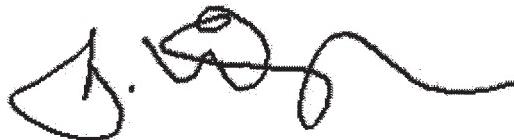
YOU MAY EXCHANGE OR RETURN YOUR PURCHASE WITHIN 30 DAYS. ACCESSORIES AND WATCHES MUST BE IN ORIGINAL CONDITION (UNWORN & UNALTERED). WATCHES MUST BE ACCCOMPANIED BY ORIGINAL PACKAGING, INSTRUCTIONS AND WARRANTY DOCUMENTS. SPECIAL ORDERED WATCHES, CUSTOM DESIGNED MERCHANDISE, ITEMS ENGRAVED WITH PERSONALIZED INFO & CLASS RINGS CANNOT BE RETURNED OR EXCHANGED. MERCHANDISE RECEIVED VIA THE JEWELRY REPLACEMENT PLAN CANNOT BE RETURNED.

Total: \$9033.43

Cardholder agrees to pay the above total according to card issuer agreement.

SECURITY AGREEMENT

I grant a security interest in these purchased goods pursuant to my JARED GALLERIA OF JEWELRY Retail Installment Charge Agreement, the terms of which are incorporated by reference.

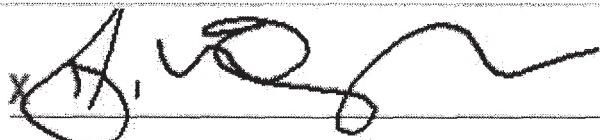


PAYMENT PROTECTION PLAN

By electing optional Payment Protection Plan insurance, I acknowledge that: I do not need to purchase this insurance to get credit and I can get similar coverage, including property coverage (if included) from any insurer I choose. Payment Protection Plan includes Credit Life, Disability, Involuntary Unemployment, Property, Job Retraining and Leave of Absence to the extent available in my state as described in the Summary of Insurance Coverages.* I read and I meet the eligibility requirements shown in the Summary of Insurance Coverages.* Monthly premium charges are based on the account balance and the rate shown. I will receive notice of any rate increase. I may cancel anytime.

*Please see the Summary of Insurance Coverages provided on the reverse side of the sales slip.

Yes, please enroll me in Payment Protection Plan Credit Insurance



11/15/1979

Date of Birth

12/18/15

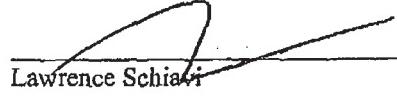
Date

STATE OF NEW YORK
COUNTY OF ERIE

AFFIDAVIT OF ACCOUNT

The undersigned affiant, being first duly sworn, deposes and states as follows, *to-wit*:

1. He is a competent person over eighteen years of age. He is a Managing Partner for DNF Associates LLC the Plaintiff herein (hereinafter "Plaintiff"). He is authorized to execute this affidavit on behalf of Plaintiff and the information below is true and correct to the best of her knowledge, information and belief. He is familiar with the method of preparation and maintenance of Plaintiff's books and records and believe them to be true and correct, with entries thereon having been made in the ordinary course of Plaintiff's business, at or near the time of the transaction giving rise to each entry.
2. Plaintiff is the current owner of, and/or successor in interest to, the obligation sued upon, and was assigned all the rights, title and interest to Defendant JOSHUA BUCHANAN's JARED account identified by the account number [REDACTED] 9018.
4. Plaintiff's business records for the Account of Defendant reflect that the balance due and owing to Plaintiff by the Defendant on the Account Number referenced above as of the date hereof August 28, 2018 is in the sum of \$10,324.71, according to the business records provided to Plaintiff by the Original Creditor or its Assignee at the time the Account was purchased.


Lawrence Schiavi

Subscribed and sworn to before me on this 8th day of October, 2018.


Alexandria Fisher
NOTARY PUBLIC

ALEXANDRIA FISHER
NOTARY PUBLIC-STATE OF NEW YORK
No 01FI6379990
Qualified In Erie County
My Commission Expires 08-27-2022

51797151
00281592

IN THE CIRCUIT COURT OF FAULKNER COUNTY, ARKANSAS

DNF Associates LLC

PLAINTIFF

V.

CAUSE NO. _____

JOSHUA BUCHANAN

DEFENDANT

SUMMONS

THE STATE OF ARKANSAS TO DEFENDANT:

JOSHUA BUCHANAN

67 BRIARWOOD ST., , Greenbrier AR 72058

A lawsuit has been filed against you. The relief demanded is stated in the attached complaint. Within 30 days after service of this summons on you (not counting the day you received it) — or 60 days if you are incarcerated in any jail, penitentiary, or other correctional facility in Arkansas — you must file with the clerk of this court a written answer to the complaint or a motion under Rule 12 of the Arkansas Rules of Civil Procedure.

The answer or motion must also be served on the plaintiff or plaintiff's attorney, whose name and address are: Michael A. Jacob, II, Esq., PO Box 948, Oxford, MS 38655.

If you fail to respond within the applicable time period, judgment by default may be entered against you for the relief demanded in the complaint.

CLERK OF COURT

Address of Clerk's Office:

FAULKNER COUNTY CIRCUIT COURT
CONWAY, AR 72034

[Signature of Clerk or Deputy Clerk]

Date: _____

[SEAL]

00281592

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of
_____, 2018.

Notary Public

My Commission Expires:



Arkansas Judiciary

Case Title: DNF ASSOCIATES LLC V JOSHUA BUCHANAN
Case Number: 23CV-19-144
Type: SUMMONS - FILER PREPARED

So Ordered

A handwritten signature in blue ink that appears to read "J. Wiggs".



J.WIGGS

Electronically signed by JLWIGGS on 2019-02-04 16:00:12 page 3 of 3

RETURN OF SERVICE

State of Arkansas
City of _____

I, _____, hereby certify that I served the within complaint,
_____, at _____ o'clock _____.m. on _____, 2018, by personal
service on _____, such person being:

_____ the person named therein as defendant.

_____ a member of the defendant's family abode 14 years of age or older at the
defendant's usual place of abode, namely _____.

_____ the duly designated agent for service of process for the defendant, namely

_____ OTHER: _____

Sheriff/Process Server

SWORN TO AND SUBSCRIBED BEFORE ME, this _____ day of
_____, 2018.

Notary Public

My Commission Expires:

